



Area Agency on Aging Advisory Council Member Application

Are you a participant in a local aging program; a family caregiver; service provider; representative of the aging and disabled business community; veteran; or member of the public age 60 or older?

If you answered yes, joining the Area Agency on Aging Advisory Council can offer you with an opportunity to provide guidance and recommendations on the needs, planning, and evaluation of services for older adults.

If you are interested in serving as a volunteer member or would like more information about the Area Agency on Aging, please return this application to the address below or click the [Email Form](#) link at the bottom of the form to submit electronically.

**Monterey County Department of Social Services
Attn: Area Agency on Aging Council Coordinator
730 La Guardia Street
Salinas, CA 93905**

Name: _____

Phone Number: _____

Mailing Address: _____

E-mail Address: _____

I am interested in becoming a member of the Council because:

Please select one or more of the following:

- | | |
|---|---|
| <input type="checkbox"/> I am 60 years of age or older
<input type="checkbox"/> I am Disabled
<input type="checkbox"/> I am a low income representative
<input type="checkbox"/> I am a rural county resident
<input type="checkbox"/> I am a recipient or consumer of home health care services.
<input type="checkbox"/> I am a Social Services Provider | <input type="checkbox"/> I am part of the LGBTQ+ community

<p>PLEASE CHECK ONE OF THE FOLLOWING:</p> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native American
<input type="checkbox"/> Other _____ |
|---|---|

www.co.monterey.ca.us/aaa
(800) 510-2020 or (831) 755-4466

1. How much time, each month, can you be available for Council activities?

2. Special interests and projects you would like to work on with the Council.

3. Are you currently employed by, serve as a County Commission member, or volunteer for a senior services agency?

Yes

No

If yes, please name the agency and explain what you do:

All information requested on this form will be kept strictly confidential.