



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:

Monterey County Department of Social Services
Attn: Area Agency on Aging Council Coordinator
1000 South Main Street, Suite 211-C
Salinas, CA 93901
Fax: (831) 757-9226

Name: Maria-Elena Morales

Phone Number: [REDACTED]

Mailing Address: [REDACTED]

E-mail Address: [REDACTED]

I am interested in becoming a member of the Council because: since I retired in 2016, I have been involved in senior activities and attended and participated in some Senior Committees.

Please select one or more of the following:

- | | |
|---|--|
| <input checked="" type="checkbox"/> I am 60 years of age or older | <input type="checkbox"/> I am lesbian, gay, bisexual, transgender (LGBT) |
| <input checked="" type="checkbox"/> I am Disabled | |
| <input checked="" type="checkbox"/> I am a low income representative | PLEASE CHECK ONE OF THE FOLLOWING: |
| <input type="checkbox"/> I am a rural county resident | <input type="checkbox"/> White <input type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic |
| <input type="checkbox"/> I am a recipient or consumer of home health care services. | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> I am a Social Services Provider | <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ |

1000 South Main Street, Suite 211-C, Salinas, CA 93901
(800) 510-2020 / (831) 755-4466 / Fax: (831) 757-9226

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

I believe I have the time that is requested as a Member At-Large.

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

*I am interested in being a member At-Large.
I am also Bilingual- English/Spanish. I can read,
write, speak and translate fluently in Spanish.*

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.

SUBMIT FORM