## Area Agency on Aging (IIIC) Branch-St. Joseph

Supporting Seniors, Promoting Independence

## **AREA AGENCY ON AGING REGION IIIC**

570 N. Marshall Road Coldwater, MI 49036 (517) 278-2538 www.bhsj.org/aaa

## CITIZEN'S INTEREST FORM

The following questionnaire is designed to obtain specific information as to your interest and qualifications for serving on the Area Agency on Aging (IIIC) Advisory Committee. Feel free to utilize the back of this form for additional comments that you may wish to submit. Please return completed questionnaire to the Area Agency on Aging Director's Office, 570 N. Marshall Road, Coldwater, MI 49036. If you have any questions or would like to submit electronically, please call (517) 278-2538.

(Please print)

| Date:  | Telepho         | ne Number:                         |               |  |
|--|-----------------|------------------------------------|---------------|--|
| Email Address:   |                 |                                    |               |  |
| Name:  |                 |                                    |               |  |
| Home Address:  |                 |                                    |               |  |
| Street   |                 |                                    | City          | Zip  |
| Employment:  |                 |                                    |               |  |
| Present service activities (i.e                            | e.; church, sco | outs, civic, etc.):                |               |  |
| Interests:   |                 |                                    |               |  |
| What special experience, ed                                | ucation or int  | erest do you hav                   | e for serving | on the Advisory Committee?                                 |
| Additional Comments:                                       |                 |                                    |               |  |
| Affiliation or Member type: (                              | Check all tha   | t apply!)                          |               |  |
| Age 60 or greater (per bylaws, 50% are 60+)                | <del></del>     | nt Representati<br>ssion on Aging) | <del></del>   | man Service/Social Service<br>presentative (i.e. MDHHS, CM |
| ☐ Health Service Repres<br>(i.e. hospital, physician's off |                 |                                    |               | r/Community Leader<br>cate, caregiver of someone 60+)      |
| Signat   | ture:           |                                    |               |  |