

3. Community Activities/Volunteer experience:

_____	Currently? <input type="checkbox"/> Yes	No <input type="checkbox"/>
Agency/role		
_____	Currently? <input type="checkbox"/> Yes	No <input type="checkbox"/>
Agency/role		
_____	Currently? <input type="checkbox"/> Yes	No <input type="checkbox"/>
Agency/role		
_____	Currently? <input type="checkbox"/> Yes	No <input type="checkbox"/>
Agency/role		

4. Please state briefly why you wish to serve on the Commission’s State Advisory Council on Aging:

5. Do you now or have you served on local governmental bodies, policy boards, task forces, or other public committees? Please list:

6. Have you participated in any training programs specific to older adult programs or policies, e.g., dementia, elder abuse, TRIAD, Eden Alternative? Please specify:

7. Have you received any public recognition/certificates/honors? Please list:

8. Additional information you would like the Selection Committee to know about you:

9. A resume or history of personal activities is enclosed: Yes No

Please read and sign below:

I attest that all information provided to the Michigan Commission on Services to the Aging, State Advisory Council Selection Committee is true and accurate. I understand that, if appointed, I will be expected to participate in teleconference calls/face-to-face meetings in Lansing as scheduled, beginning in June 2010. I understand that applications and supporting documentation received after the deadline will not be considered unless it is in the best interest of the Commission.

Signature

Date

OPTIONAL:

If not selected for the State Advisory Council, I would like my application to be retained for one year by the Office of Services to the Aging for consideration for vacancies on the Council, other Office of Services to the Aging committees and/or volunteer opportunities.

Signature

Date

Deadline to Submit Application is 5:00 p.m. FEBRUARY 8, 2010

Submit To:

Mrs. Jerutha Kennedy, Chairperson
Commission on Services to the Aging
C/o Sally Steiner
P.O. Box 30676
Lansing, MI 48909-8176

Applications must be received by the deadline for consideration. The Commission reserves the right to not consider applications received after the deadline. Hand delivered or faxed applications will be received at:

Office of Services to the Aging
300 E. Michigan Ave., 3rd floor, Lansing MI 48933
Telephone: 517-373-8230
Fax: 517/373-4092

An original signed form must be sent if a facsimile copy is submitted.

All applicants will be notified in April-May 2010 of application status. Please keep a completed copy of your application form.