



**3. Community Activities/Volunteer Experience**

_____	Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency/Role	
_____	Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency/Role	
_____	Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency/Role	
_____	Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 and face-to-face meetings in Lansing as scheduled. 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., January 27, 2012**

*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 address listed below. ***An original signed form must be sent if a facsimile copy is submitted.***

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

All applicants will be notified of application status. Please keep a completed copy of your application form.