

**Michigan Department of Health and Human Services
Aging, Community Living, and Supports Bureau (ACLS Bureau)
P.O. Box 30676
Lansing, Michigan 48909-8176**

**APPLICATION
Membership to the State Advisory Council on Aging (SAC)
*Before completing this application, please review the
SAC Member Duties and Application Instructions.***

Please Print

First Name _____ Middle Initial _____ Last Name _____

Address: _____

City: _____, MI Zip: _____ County: _____ AAA Region: _____
(Where You Live)

Email: _____ Cell #: _____ / _____

Home #: _____ / _____ Work #: _____ / _____

Please note that in completing this application additional information may be attached.

1. Employment: Provide your current or most recent employment information.
Are you employed? Full Time _____ Part Time _____ Retired/not working? _____
Name of Current/Past Employer(s) and Positions Held—Last five years:

2. Community Activities/Volunteer Experience:

<hr/>	Currently: Yes _____ No _____
Agency/Role	

<hr/>	Currently: Yes _____ No _____
Agency/Role	

<hr/>	Currently: Yes _____ No _____
Agency/Role	

<hr/>	Currently: Yes _____ No _____
Agency/Role	

3. Education, (i.e., years of schooling completed, any degrees, certificates, and/or licenses)

4. What motivated you to apply to be a member of this council?

5. Do you currently serve, or have you served on local governmental bodies, policy boards, university/college boards/committees, advisory councils, task forces or other public committees? If yes, please list:

6. What unique experience, talent, and/or skills will you bring to the SAC?

7. Have you received any public recognition/certificates/honors? If yes, please list:

8. Have you participated in any training programs for older adult programs or policies, i.e., Aging Mastery, Building Training...Building Quality (BTBQ)[™], Dementia, Elder Abuse, LGBTQ+ Older Adult Competency, Michigan Medicare/Medicaid Assistance Program (MMAP), Person-Centered Planning, and/or TRIAD? If yes, please specify and indicate whether you received training or are/were a trainer:

9. The time commitment is 60-75 hours each year and usually includes:

- Four to five in-person meetings in Lansing as follows:
March—Fourth Thursday, 9:30 a.m. to 2:30 p.m.
April—Third Friday, 9 a.m. to 2:30 p.m.
May—Fourth Thursday, 9:30 a.m. to 2:30 p.m.
July—Third Thursday, 9:30 a.m. to 2:30 p.m.
October—Fourth Thursday, 9:30 a.m. to 2:30 p.m.
- Six or more one to two-hour virtual meetings January through November
- Required research in addition to the meetings (1-3 hours X 11 months).

Will you be able to plan your current commitments, personal schedule, and travel around the SAC's in-person and virtual meetings? Yes _____ No _____

If there are conflicts, please explain how often:

10. Please provide any additional information you would like the Michigan Commission on Services to the Aging (CSA) SAC Applicant Review Committee to know about you.

11. Do you have access to a computer, internet, and video conferencing; your own current e-mail account for communications; and the ability to open documents send as attachments and receive and reply to group emails regularly? Yes _____ No _____

12. I have attached/enclosed a resume and/or a bio statement. (Required). Yes _____ No _____

13. Demographic Information: (This information is used to ensure that the SAC appointees represent Michigan's older adult population)

Gender _____

Are you 60 years or older? Yes _____ No _____

Do you identify as LGBTQ+ Yes _____ No _____

Ethnicity:

_____ American Indian/Alaskan Native	_____ Middle Eastern or North African
_____ Asian	_____ Native Hawaiian/Other Pacific Islander
_____ Black/African American	_____ White/Caucasian
_____ Hispanic	_____ Not Listed, Please Specify _____
_____ Latino	_____

Other Information:

U. S. Citizen	Yes _____	No _____
Veteran Status	Yes _____	No _____
Disability Status	Yes _____	No _____

Please read and sign below:

I attest that all information provided in this application for membership to the State Advisory Council on Aging is true and accurate. I understand that, if appointed, I will participate in face-to-face meetings held in Lansing and other meeting formats as scheduled.

Signature

Date

If not selected for the State Advisory Council on Aging, your application will be retained for one year.

SAC Membership Applications may be submitted at any time throughout the year via e-mail with signature–PREFERRED or via the U.S. Mail with an original signature.

Submit via E-mail with Signature (PREFERRED) to:

Mr. Bob Schlueter, Chairperson

c/o Ashley Ellsworth at ellswortha2@michigan.gov

OR

Submit Signed Paper Copy to:

Mr. Bob Schlueter, Chairperson

Commission on Services to the Aging

c/o Ashley Ellsworth, SAC Liaison

MDHHS/Aging, Community Living, and Supports Bureau

PO Box 30676

Lansing, MI 48909-8176

The CSA reserves the right to decline consideration of applications received without signature. Please contact **Ashley Ellsworth, SAC Liaison, at ellswortha2@michigan.gov** with any questions.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility or ability to perform the duties of a particular job or position.