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:

   _____ Currently: Yes ____ No ____
   Agency/Role

   _____ Currently: Yes ____ No ____
   Agency/Role

   _____ Currently: Yes ____ No ____
   Agency/Role

   _____ 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,MiOptions, 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
    ____ Asian
    ____ Black/African American
    ____ Hispanic
    ____ Latino
    ____ Middle Eastern or North African
    ____ Native Hawaiian/Other Pacific Islander
    ____ White/Caucasian
    ____ Not Listed, Please Specify_____
    _____

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.