



Advisory Council

The Advisory Council of the Fresno-Madera Agency on Aging meets at 1:30 p.m. on the second Tuesday of the month, September through June. Meeting schedules and locations are posted on the Internet at fmaaa.org, and are also available by calling the Agency on Aging at (559) 600-4405.

An application for membership on the Advisory Council is attached. Advisory Council members serve three-year terms, and actively participate on committees in addition to attending monthly meetings.

Interested individuals are asked to attend an Advisory Council meeting prior to submitting an application.

Please mail completed Advisory Council applications to:

Fresno-Madera Area Agency on Aging
3837 N. Clark St.
Fresno, CA 93726

We appreciate your interest in serving on our Advisory Council.



Agency on Aging

Serving Fresno & Madera

Connecting the Community

Application for Advisory Council Membership

Contact Information			
Name			
Street Address			
City/State/Zip			
Email Address			
Daytime Phone#		Alternate Phone #	

Current Employment	
Employer	
Job Title	

Please list the names of organizations for which you are a current member.

Please list the names of any organizations for which you have served as a governing board or advisory council member.

Please describe your experience representing the interests of older adults.

Please check <i>Yes</i> or <i>No</i> for each item below:	Yes	No
I can commit to attending meetings the second Tuesday of each month, September through June, at 1:30 p.m. at designated locations in Fresno and Madera counties, for a three-year term.		
I can commit to actively participating in at least one committee (in addition to the monthly meetings).		
I can commit to attending mandatory training (i.e., ethics training) (in addition to the monthly meetings).		

Please indicate how you can support the Advisory Council. (Place an "X" by all that apply)	
	Attend meetings of community groups and public agencies.
	Review newspapers for issues affecting older adults in my community.
	Conduct presentations.
	Distribute and post flyers, surveys, and other documents.
	Administer surveys to individuals and community groups.
	Write letters and/or send e-mails.
	Look up information on the Internet.
	Work at an information table at an event.
	Schedule meetings, events, or presentations.
	Provide interpretation (please indicate language):
	Other (please describe):

Why would you like to serve on the Advisory Council?

The following information is collected to meet the requirements of the Older Americans Act and to help ensure the Advisory Council composition reflects the diversity of the older adults we serve.

Demographic Information												
Age	<input type="checkbox"/>	90+	<input type="checkbox"/>	<input type="checkbox"/>	80-89	<input type="checkbox"/>	<input type="checkbox"/>	70-79	<input type="checkbox"/>	<input type="checkbox"/>	60-69	
	<input type="checkbox"/>	50-59	<input type="checkbox"/>	<input type="checkbox"/>	40-49	<input type="checkbox"/>	<input type="checkbox"/>	30-39	<input type="checkbox"/>	<input type="checkbox"/>	18-29	
Ethnicity	<input type="checkbox"/>	Hispanic or Latino					<input type="checkbox"/>	Not Hispanic or Latino				
Race	<input type="checkbox"/>	Black			<input type="checkbox"/>	Asian/Pacific Islander						
	<input type="checkbox"/>	Native American			<input type="checkbox"/>	Two or More Races						
	<input type="checkbox"/>	White			<input type="checkbox"/>	Other:						

Please check all that apply to you:	
<input type="checkbox"/>	Income at or below the federal poverty level <i>(Individual: \$11,880 per year or less. Couple: \$16,020 per year or less.)</i>
<input type="checkbox"/>	Reside in rural area
<input type="checkbox"/>	Caregiver for family member
<input type="checkbox"/>	Receive services through the Agency on Aging or one of its service providers
<input type="checkbox"/>	Represent an organization that provides supportive services for older adults
<input type="checkbox"/>	Represent an organization that provides health care for older adults
<input type="checkbox"/>	Have a disability or represent an organization that provides services for individuals with disabilities
<input type="checkbox"/>	Local elected official
<input type="checkbox"/>	Leadership experience in private and/or voluntary sector

I certify with my signature below that the information provided is accurate, and that I have not been convicted of any crimes of moral turpitude.

Signature

Date