ECIAAA Advisory Council Membership GEN. 33

Nominee's Application for Membership on the
East Central Illinois Area Agency on Aging
ADVISORY COUNCIL

I. **NOMINEE INFORMATION:** Please circle or check appropriate choices.

Name: (Mr./Mrs./Ms.) ____

Street Address: ________________________________**Apt. Number**___________

City: _________________________ Illinois **Zip Code**: __________________

E-Mail Address: ____

Home Phone:_______________________ **Work Phone:**______________________

Mobile Phone:____________________________________

Age: ______ **Birthdate** (optional): ___________ **Male** ______ **Female** ______

Marital Status: Married__________ Widowed________ Other:________

Number of person(s) living in your household: ____________________________

Caregiver – an "informal" provider of in-home and community care to an adult 60 or older _______

Grandparent or other relative 60 or older who is primary caregiver of a child in your household _______

Race

____ American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander _____

____ Asian

White ______

____ Black or African American

Ethnicity

____ Hispanic/Latino

_____ Non Hispanic/Latino

Income at or below the Federal Poverty Level – Is your annual income at or below the following levels?

Family Size	2015 Federal Poverty Level	Check if applicable
1	$11770	
2	$15930	
3	$20090	
4	$24250	

II. Nominee Affiliations:

Do you serve as a public official? _____ Yes _____ No If YES, please describe your duties:

____

Have you used or participated in any in-home or community-based programs and services available to older adults in your community or county? ____Yes _____ No If YES, please describe:

____

Please specify other service organizations or memberships in which you are or have been involved:

____

III. Interest in Serving Seniors:

In the space below, please note any current involvement you have in working with older persons (e.g., volunteer in a service program, participation on a committee that is concerned with the needs of older adults, assist in helping older persons receive needed services, etc.)

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Please indicate why you are interested in serving as a member of the Area Agency Advisory Council:

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IV. **Term of Membership:** Representing: ______________County

The term of membership checked below is currently available:

_____ Full 3 year term ending September 30, 2018

_____ Balance of a vacant term ending September 30, _____

V. **STATEMENT OF INTEREST:**

I would be willing to serve on the Advisory Council for the East Central Illinois Area Agency on Aging for the term of membership noted above. I understand that I will be expected to attend all scheduled meetings and serve the Area Agency on Aging as necessary and appropriate to this membership.

Nominee's Signature: ____________________________ Date: _______________

Recommended by: ____

Phone Number: ___________________________________

VI. OTHER COMMENTS

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