

Sonoma County Area Agency on Aging

3725 WESTWIND BLVD., P.O. BOX 4059, SANTA ROSA, CA 95402
(707) 565-5950 FAX (707) 565-5957

AAA ADVISORY COUNCIL APPLICATION FORM

Name: _____
Address: _____
City: _____ Zip Code: _____
Phone: _____ Email: _____ Year Of Birth: _____

AAA Advisory Council members are chosen on the basis of geographic location or special designated membership categories. In order to match applications with vacancies, please check all items below that apply:

Supervisory District:	
1. Gorin	
2. Rabbitt	
3. Zane	
4. Gore	
5. Hopkins	

Representative of: (if applicable)	
Disabled Population	
Member-at-Large	
Minority Population	

Please click in the box below the question to insert your answers.

1. Please describe your professional work/background:

2. Please list affiliations/associations in senior organizations, groups or other civic activities:

3. Please list your special interests/concerns:

4. Please describe why you want to serve on the AAA Advisory Council:

5. Have you attended an Area Agency on Aging Advisory Council meeting?	YES		NO	
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Date: _____ Signature: _____