

Rogue Valley Council of Governments
Senior Advisory Council Membership Application

Please return completed application to: SDS RVCOG, P.O. Box 3275, Central Point, OR 97502

Name _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Email _____

Why do you want to be a member of the Senior Advisory Council?

How did you hear about the Senior Advisory Council?

What do you see as important issues facing individuals who seek to maintain their independence and dignity as they age?

What (personal or professional) experience do you have that will be especially pertinent to serving as an effective Senior Advisory Council member? (If you wish, you may attach a resume or vita with additional information.)

Senior Advisory Council members are selected based on knowledge of the needs of the elderly and additional criteria meeting specific population segments, such as over age sixty, low income, geographic area, non-senior adult disabled, minority elderly, cities and counties, and other segments. Federal law requires that the majority of Advisory Council members be over sixty years of age. The following are areas of particular relevance for Senior Advisory Council members. If you have pertinent experience in any of them, please check the box(es) and provide some details in the section below.

- | | |
|---|--|
| <input type="checkbox"/> Family Caregiving | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Disability Issues | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Rural Communities | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Minority Elderly | <input type="checkbox"/> Fundraising/Development |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Budgeting/Finance |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Human Service Programs | <input type="checkbox"/> Grant-writing |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Other |

What contributions do you see yourself making to the Senior Advisory Council?
How can we best use your skills and experience?

Are you a member of any organizations, agencies or groups that might be helpful to your work on the Senior Advisory Council? If so, please provide details below.

Members of the Senior Advisory Council commit to attending one monthly meeting of the full Council. In addition, they are expected to join one of the standing committees described below. Please indicate which committee(s) you would like to attend.

___ **Outcomes & Evaluation:** Focus on senior programs and services.

___ **Nutrition Advisory Committee:** Focus on the Older Americans Act funded nutrition program.

___ **Marketing & Outreach:** Focus on community visibility/community input.

___ **Advocacy:** Focus on county, state and national legislative advocacy.

This is my application for membership on the Senior Advisory Council of the Rogue Valley Council of Governments. I understand that a full term of office is three years. If accepted, I agree to regularly attend the Senior Advisory Council meetings which are usually held monthly in Central Point. I also agree to participate in at least one of the Committees and any other committee member activity which is occasionally required. I am available to spend an initial 6-8 hours in Council orientation and then 4-6 hours per month in Council meetings and activities. I understand that at the end of the initial three-year term, I may choose to continue on the Senior Advisory Council for an additional three-year term.

Rogue Valley Council of Governments prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference.

Signature

Date

**Confidential Information
(For official use only)**

This information is needed in order to meet federal requirements calling for percentage of Senior Advisory Council members who are seniors, minorities, disabled, and low income.

1. Birth date (Month/Day/Year) _____

2. I am currently a locally elected official. Yes No
Jurisdiction _____

Check Yes or No to the following statements:

3. I am either single with an income below \$10,890 or married with an income below \$14,710.
 Yes No

4. I am an individual with a disability or disabilities.
 Yes No

5. I am a veteran.
 Yes No

6. I am a family caregiver.
 Yes No

Race/Ethnicity: _____