Application of Interest for

Region VII Area Agency on Aging Advisory Council Non-represented Preferred Areas

If you are interested in serving on the Region VII Area Agency on Aging Advisory Council in a preferred area, please complete this application and submit it to the Board of Commissioners, attention no later than February 2014.

, no later than February , 2014.					
	se Print)				
Addre	e: First ess:	Last			
Phone	e:				
	e: Home		Work		Cell
1.	Describe your Community/Volur	nteer membershij			
2.	Please state briefly why you wish	to serve on the	Region VII A		g Advisory Council.
3.	Please list which preferred area y				
	 □ Provider of Veterans health or □ Representative of social servi □ Person in great social & economic 	ce provider	<u> </u>	Representative of I Representative of I Labor Representati	
4.	Any additional information you would like to share (such as public recognitions, certificates or honors etc.):				

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