



A Tradition of Stewardship
A Commitment to Service

NAPA / SOLANO AREA AGENCY ON AGING

275 Beck Avenue, Fairfield, CA 94533



Application for Membership on Napa/Solano Area Agency on Aging Advisory Council

(Feel free to attach a resume or curriculum vitae (CV))

Federal and State laws mandate the composition of the Area Agency on Aging (AAA) Advisory Council. The application questions are designed to ensure the legal composition of the Advisory Council.

Name: _____

Date of Birth: _____
Month Date Year

Please indicate which county you are applying to represent:

☐ Napa County ☐ Solano County

Please indicate your membership preference:

☐ Primary Representative ☐ Alternate Representative ☐ No Preference

Please indicate the category for which you are applying and your category affiliation (if applicable):

☐ Representatives of older individuals
☐ Representative of health care provider organizations, including providers of veterans' health care

Health care organization affiliation: _____

☐ Representatives of supportive services provider organizations.

Supportive Services organization affiliation: _____

☐ Persons with leadership experience in the private and voluntary sectors.

Leadership experience (resume or CV may be attached): _____

☐ Local elected officials

Elected position: _____

Term of Office: _____

Term Start Date

Term End Date

☐ Family caregiver representative

☐ The general public.

Please indicate your race and ethnicity:

☐ White ☐ Hispanic ☐ Asian ☐ Black

☐ Native Hawaiian/Pacific Islander ☐ American Indian ☐ Other: _____

Residence Address: _____

Business Address: _____

Phone Numbers: Home: _____ Business: _____

Mobile: _____

Supervisory District in which you reside: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The following links can be used as a reference for Supervisory District information:

Solano County:

http://www.solanocounty.com/depts/rov/district_maps_and_lookup/districtlookup.asp

Napa County (select "My District" from the link below):

<https://www.countyofnapa.org/2116/Board-of-Supervisors>

It is anticipated that the Advisory Council will meet monthly. Dates and meetings locations will be determined by the Advisory Council and Advisory Council members may be asked to attend quarterly meetings of the AAA Oversight Board. Please indicate any obstacles you may have with regard to meeting attendance (example: "I am not able to meet on Mondays or Wednesdays"):

Memberships in other organizations or committees or other community participation (list name and address and nature of organization/committee or community participation):

Please provide a brief description of your employment and educational history (resume or CV may be attached): _____

References (list 3):

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

Why do you want to serve on the Advisory Council?: _____

Napa Applicants: please list all court or other public administration actions impacting your credit rating within the past 10 years: _____

Applicant signature: _____ Date: _____