



## Elderbridge Agency on Aging Advisory Council Application

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Town/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Age:  18-30  30 to 40  40 to 50  50 to 60  60 and over

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1. The Elderbridge Advisory Council will be composed of 29 members, one member from each county of the 29-county planning and service area. At least one-half of the Advisory Council members shall be aged 60 or older, and members need to meet at least one of the following requirements: (please check all that apply)

ARE YOU A.....

- Recipient of services under the Older Americans Act
- Recipient of services under the Older Americans Act and of a minority race or ethnicity
- Recipient of services under the Older Americans Act and residing in rural areas
- Representative of older adults
- Family caregiver for an older adult
- Family caregiver raising grandchildren or great-grandchildren
- Representative of a health care provider organization
- Provider of veterans' health care or supportive service provider
- Representative of a supportive or nutrition service provider organization
- Person with leadership experience in either the private or volunteer sectors
- Current, locally-elected official
- From the general public
- Representative of the business community

2. On what advisory groups or boards have you served?

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3. What other charitable or community activities have you participated in?

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4. What special skills/talents can you contribute to our Advisory Council?

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5. What is your interest in Elderbridge?

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6. Why do you want to serve on the Advisory Council?

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**Candidacy Requirement Declaration**

To meet the candidacy requirements, I am: (1) a resident of the county to be represented; (2) willing to commit my time to a full term of office, (3) attending meetings on a regular basis; (4) committed to representing the interests of older persons; and, (5) willing to support the mission and purpose of Elderbridge Agency on Aging.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When completed, please return this form to: Amy B. Simpson, Elderbridge Agency on Aging, 1190 Briarstone Drive, Suite 3, Mason City, IA 50401 or fax to: 641-424-2927. Email: [asimpson@elderbridge.org](mailto:asimpson@elderbridge.org)