

**KALAMAZOO COUNTY BOARD OF COMMISSIONERS
APPLICATION FOR APPOINTMENT TO:
OLDER ADULT SERVICES ADVISORY COUNCIL**

1. _____ 2. _____
Name Occupation

3. _____ 4. _____
Home Address Zip Employer

5. _____ 6. _____
Home Telephone Business Telephone

7. _____
E-mail Address

8. Please indicate experience and/or qualifications that would help make you an effective member of this council

9. Certain categories need to be represented on the Older Adult Services Advisory Council.
Please mark all categories which apply to you:

Health Care Service _____	General Public _____
Over 60 years of age _____	Nutrition Provider _____
Social Service Provider _____	Elected Official _____

10. Volunteer Experiences

11. How many hours could you commit to Council activities per week/month?

Date of Application

Signature

PLEASE RETURN THIS APPLICATION TO: Kalamazoo County Board of Commissioners
Kalamazoo County Administration Building
201 West Kalamazoo Avenue, Room 207
Kalamazoo, MI 49007
TELEPHONE: (269) 384-8111