



Central Minnesota Council on Aging Advisory Committee Application

Name:	
Address:	
City, State, Zip Code:	
Phone:	Email:

If you are an agency representative; name of agency and service area:

Describe your interest in serving on the CMCOA Advisory Committee:

Describe ways that you have become involved with or have been informed about aging:

Provide your affiliation or involvement with any informal group or local organization in your area. Include any Boards, Advisory Committees, or Councils that you serve on:

Describe any personal or professional strengths that you possess that would benefit the CMCOA Advisory Committee. (e.g. grant writing, financial management, volunteer management)

Are you a provider of services for older adults? Yes No
If so, what services:

Does some or all of your funding come from the
Older Americans Act, frequently referred to as Title III? Yes No

Fifty percent of this group will be consumers over the age of 60.
Are you over 60 years old? Yes No

What other Boards/Advisories do you serve on:

References from two individuals willing to recommend your application:

Name:	
Address:	
City, State, Zip Code:	
Phone:	Email:

Name:	
Address:	
City, State, Zip Code:	
Phone:	Email:

Please sign and date your application:

(Signature)

(Date)

Submit to: Lori Vrolson, Executive Director
Central MN Council on Aging
250 Riverside Avenue North, Suite 300
Sartell, MN 56377

Lori@cmcoa.org
Fax: 320.253.9576