

**COMMISSION ON AGING
PROFILE / APPLICATION**

NAME _____

TELEPHONE (Home) _____ (Work) _____ (Cell) _____

ADDRESS _____ CITY & ZIP _____

EMAIL _____ RESIDENCE DISTRICT: _____

1. Briefly summarize your involvement in senior activities (Community involvement, Senior Organizations, Community Activities or memberships, etc.).

2. List other specialized education and/or experience with which you have been involved which would contribute to this organization.

3. Additional comments:

Applicants Signature: _____

Date: _____

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Composition of the Commission:

- A. The Commission shall be comprised of eight (8) members – one from each of the five supervisorial districts, appointed by the supervisor from that district; and one each from the cities of Anderson, Redding, and Shasta Lake, appointed by the City Councils of those cities.
 1. At least 50% of the Commission shall be comprised of persons 60 years of age or older.
 2. In order to establish a balance, a variety of backgrounds shall be considered.
 3. There shall be no unlawful discrimination against any applicant because of race, religion, color, national origin, ancestry, physical handicap, medical condition marital status, age or sex.
 4. Providers and their paid employees are ineligible.

- B. Suggested Guidelines for Qualifications
 1. Experience in working with senior programs
 2. Recommendation from a senior organization preferred
 3. Demonstrated ability for leadership
 4. Demonstrated ability to work harmoniously with others (especially senior citizens)
 5. Willingness and ability to devote time and effort to the Commission's goals (including attendance at meetings)
 6. Commitment to the purpose of the Older Americans and Older Californians Acts.

DEMOGRAPHIC PROFILE

Name: _____

In an effort to meet Federal and State Regulations, please complete this questionnaire which helps to capture and identify the Commission's diverse membership. Your voluntary response is greatly appreciated.

Please check any of the following classifications which apply to you:

AGE:

Yes___ No___ Under 60

Yes___ No___ 60+

Yes___ No___ 75+

RACE/ETHNIC COMPOSITION:

Yes___ No___ White

Yes___ No___ Hispanic

Yes___ No___ Black

Yes___ No___ Asian/Pacific Islander

Yes___ No___ Native
American/Alaskan/Native

Yes___ No___ Other

OTHER REPRESENTATION:

Yes___ No___ Disabled Representative

Yes___ No___ Persons With Leadership
Experience In The Private
and Voluntary Sectors

Yes___ No___ Low Income Representative

Yes___ No___ Health Care Provider
Representative

Yes___ No___ Local Elected Officials

Yes___ No___ Supportive
services Provider
Representative

Date: _____

Signature: _____