

**PSA 2 AREA AGENCY ON AGING  
ADVISORY COUNCIL PROFILE / APPLICATION**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ (w/h)

ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

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: \_\_\_\_\_

*Feel free to attach additional pages.*

## DEMOGRAPHIC PROFILE

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

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

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

### AGE:

- Under 60
- 60+
- 75+

### RACE/ETHNIC COMPOSITION:

- White
- Hispanic
- Black
- Asian/Pacific Islander
- Native American/Alaskan/Native
- Other

### OTHER REPRESENTATION:

- Disabled Representative
- Persons with Leadership Experience in the Private and Voluntary Sectors
- Low Income Representative
- Health Care Provider Representative
- Local Elected Official
- Supportive Services Provider Representative
- Family Caregiver Representative

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

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