



**Application for Membership on Napa/Solano Area Agency on Aging Advisory Council**

*(Feel free to attach a resume or curriculum vitae (CV))*

**Federal and State laws mandate the composition of the Area Agency on Aging (AAA) Advisory Council. The application questions are designed to ensure the legal composition of the Advisory Council.**

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

Date of Birth: \_\_\_\_\_  
Month Date Year

Please indicate which county you are applying to represent:

☐ Napa County ☐ Solano County

Membership reference:

☐ Primary Representative ☐ Alternate Representative ☐ No Preference

Please indicate the category for which you are applying and your category affiliation (if applicable):

☐ Representative of older individuals

☐ Representative of health care provider organizations, including providers of veterans' health care Health care organization affiliation: \_\_\_\_\_

☐ Representatives of supportive services provider organizations.  
Supportive Services organization affiliation: \_\_\_\_\_

☐ Persons with leadership experience in the private and voluntary sectors.  
Leadership experience (resume or CV may be attached): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Local elected official  
Elected position: \_\_\_\_\_  
Term of Office: \_\_\_\_\_  
Term Start Date Term End Date

☐ Family caregiver representative

☐ The general public.

Please indicate your race and ethnicity:

☐ White      ☐ Hispanic      ☐ Asian      ☐ Black

☐ Native Hawaiian/Pacific Islander   ☐ American Indian      ☐ Other: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Supervisory District in which you reside: ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

The following links can be used as a reference for Supervisory District information: **Solano County:**

[http://www.solanocounty.com/depts/rov/district\\_maps\\_and\\_lookup/district](http://www.solanocounty.com/depts/rov/district_maps_and_lookup/district)

[lookup.asp](#) **Napa County (select "My District" from the link below):**

<https://www.countyofnapa.org/2116/Board-of-Supervisors>

The Advisory Council meets monthly on the first Tuesday of the month. Meetings are held from 10:00 am – 12:00 noon. Meeting locations are in Napa and Solano Counties.

Members may be asked to attend quarterly meetings of the AAA Oversight Board and monthly subcommittee meetings. Please indicate any obstacles you may have with regard to meeting attendance (example: "I am not able to meet on Mondays or Wednesdays"):

\_\_\_\_\_

Memberships in other organizations or committees or other community participation (list name and address and nature of organization/committee or community participation):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide a brief description of your employment and educational history (resume or CV may be attached): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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References (list 3):

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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Why do you want to serve on the Advisory Council?: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Napa Applicants: please list all court or other public administration actions impacting your credit rating within the past 10 years: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_