

**REGION IIIB AREA AGENCY ON AGING
APPLICATION FORM**

**Governing Board
Advisory Council**

Date Received: _____

Name of Applicant: _____

Address: _____ City/State/Zip: _____

Telephone – Home: _____ Work: _____

County: _____ Township: _____

E-Mail: _____ Age: Under 60 Over 60

Place of Employment: _____ Title: _____

NOMINATOR, IF OTHER THAN APPLICANT:

Name: _____ Address: _____

Telephone – Home: _____ Work: _____

AREA(S) OF EXPERTISE YOU WOULD BRING TO THE AREA AGENCY: _____

PROFESSIONAL EXPERIENCE: _____

EXPERIENCE IN SENIOR SERVICES OR AGING NETWORK:

VOLUNTEER / BOARD / COMMITTEE EXPERIENCE (Please note leadership roles where appropriate):

PLEASE STATE WHY YOU WOULD LIKE TO BE A MEMBER OF THE ADVISORY COUNCIL:

Please return this completed form to:

Executive Director
Burnham Brook
200 W. Michigan Ave., Suite 100
Battle Creek, Michigan 49017