

Member Application

Please submit to aaa@schsd.org or

3725 Westwind Blvd, Santa Rosa CA 95402

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in serving on the Sonoma County Aging & Disability Commission, we look forward to hearing from you!

The Commission gives voice to the diverse needs of Sonoma County’s older adults, people with disabilities, and their caregivers, advocating for services and supports that maintain people’s dignity and independence. The three roles of the Commission are:

* Advisory body to the Board of Supervisors,
* Advisory council to the Area Agency on Aging (AAA), and
* Advisory committee to the Aging & Disability Resource Hub (ADRH).

Members commit a minimum of 50 hours per year to Commission activities such as:

* Seeking information about the needs and priorities of their communities and actively representing those voices,
* Attending monthly meetings (3rd Wednesdays 1:00-3:00 pm), and
* Participating on committees.

Based on answers to the following questions, the Executive Committee may invite an applicant to an interview. After an interview, the Executive Committee may nominate an applicant for appointment by their County Supervisor or for election by the Commission.

1. The Older Americans Act requires over half of the members of the Commission to be age 60 or older (45 CFR § 1321.63(b)). Applicants age 60 or older may be prioritized for membership in order to maintain this majority.

At this time, are you age 60 or older? [ ]  Yes [ ]  No

*Comments:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Potential members must attend at least one Commission meeting before applying. (Meeting info: <https://sonomacounty.ca.gov/sonoma-seniors>.)

Have you attended a Commission meeting? [ ]  Yes [ ]  No

*Comments:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Briefly share your personal or professional experience related to older adults, people with disabilities, and/or family caregiving.

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1. What do you believe are the most urgent challenges facing older adults, people with disabilities, and/or family caregivers in Sonoma County?

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1. Briefly share your experience with volunteer-based community groups (e.g. school, charitable, faith-based, or government).

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1. Commission members attend monthly meetings and participate on committees. Are you comfortable with this level of commitment?

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1. The Older Americans Act requires Commission membership to include individuals and representatives of community organizations who will help the Area Agency on Aging to develop community-based systems of services targeting those in greatest economic need and greatest social need (45 CFR § 1321.63(b)).

Please describe the personal and/or professional strengths, perspectives, or experiences you would bring in support of the Commission’s mission to represent the voices of our community (e.g. age, disability, race, ethnicity, immigration status, religion/faith, income, geography, sexual orientation, gender identity, language, family status, or anything else related to the mission of the Commission).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By submitting this application, you are confirming that the information provided

is true and accurate to the best of your knowledge. Thank you!

For assistance, please contact the Area Agency on Aging at (707) 565-5950 or aaa@schsd.org. Learn more about the Aging & Disability Commission at <https://sonomacounty.ca.gov/sonoma-seniors>.