

Aging & Disability Resource Center of Jackson County
Advisory Committee Citizen Member Application

Name of Applicant _____

Address _____ City/State/Zip _____

Telephone _____

Township _____

Email _____ Age: Under 60 Over 60

Place of employment _____ Title _____

NOMINATOR, IF OTHER THAN APPLICANT:

Name _____ Address _____

Telephone _____

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

PROFESSIONAL EXPERIENCE & AREAS OF INTEREST:

EXPERIENCE IN SENIOR SERVICES OR AGING NETWORK:

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

Please return this completed form to:

Aging & Disability Services Unit Manager
Department of Health & Human Services
421 County Rd R
Black River Falls, WI 54615