



Imperial County Area Agency on Aging Advisory Council

APPLICATION FOR MEMBERSHIP

This application will be used to select members and alternates to the Imperial County Area Agency on Aging (ICAAA) Advisory Council. Appointees are: 1) expected to attend regularly scheduled meetings; 2) participate on one or more sub-committees; and 3) required to complete an annual Security Awareness Training, with a certificate of completion. Access to a computer and an active email address is preferred, but not required. The Council collects input from the community, makes recommendations to the Imperial County Board of Supervisors, carries out a formal dialogue with ICAAA staff, and interfaces with the community as a whole.

Advisory Council Position:	
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Name:		Phone #:
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Address:			
	<i>Street</i>	<i>City</i>	<i>Zip</i>

E-mail address:	
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EMPLOYMENT HISTORY

Dates:	Employer:
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Job Title:	Duties:
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Dates:	Employer:
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Job Title:	Duties:
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VOLUNTEER HISTORY

Dates:	Agency:
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Title:	Duties:
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Dates:	Agency:
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Title:	Duties:
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EDUCATIONAL BACKGROUND

(High School, College/University, Trade School/Training):

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BOARD MEMBERSHIP/AFFILIATIONS & DATES SERVED

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Are you a paid service provider or representative of older adult services?	Yes	No
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If yes, provider name:

Are you a local elected official? <i>Please state</i>	Yes	No
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Are you a representative of low-income older adults?	Yes	No
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Are you a representative of persons with disabilities?	Yes	No
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Are you a representative of a health care provider?	Yes	No
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If yes, provider name:

Are you 60 years of age or older?	Yes	No
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Are you an active/retired representative of law enforcement?	Yes	No
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If yes please explain in what capacity:

Advisory Council Committees: Please select committee(s) that you would like to be considered to join.

Planning & Finance Nutrition Social/Health Transportation Legislative

Race/Ethnicity: In compliance with Title 22 of the State Regulation, Article 3, Section 7302, the California Department on Aging requests that the Area Agencies on Aging Area Plans obtain the following information from the Area Agency on Aging Advisory Council (AAAAC). Please check the box that applies to you.

Asian or Pacific Islander (includes Chinese, Filipino, Japanese, Korean, Samoan, Vietnamese)

American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue of tribal association)

Hispanic
(includes Mexican, Puerto Rican, Cuban, Latin American or Spanish)

African American

Other

Decline to respond

Do you require special accommodations due to physical disabilities? *Please describe*

Please describe your interests and/or reason for wanting to be on this Council:

APPLICATION CONFLICT OF INTEREST DISCLOSURE GUIDELINES

Members of the ICAAA Advisory Council that vote, rate Request for Proposals, and evaluate programs under the Older Americans Act, Older Californians Act, are subject to the County of Imperial Conflict of Interest and Disclosure guidelines.

Members of the ICAAA Advisory Council shall not discuss, advocate, or vote on any matter in which they have a conflict or potential conflict of interest or an interest which reasonably might appear to be in conflict with the concept of fairness in dealing with public funds. A conflict of interest or a potential conflict occurs if a member has a separate, private, or monetary interest, either direct or indirect, in any issue or transaction under consideration. Any members who violate this provision may be subject to removal from the Advisory Council in addition to other remedies allowed by law.

If an Advisory Council member believes he/she has a conflict or potential conflict of interest on a particular issue, then that member should state the nature of the conflict, detailing that he/she has a separate, private or monetary interest, either direct or indirect, in the issue, program or transaction under consideration. The member should then recuse himself/herself from considering and voting on the matter. In cases where an Advisory Council member declares a conflict or potential conflict of interest, the member shall recuse himself/herself from all discussion and consideration until voting is completed on the matter in question.

Any Advisory Council member having questions or needing assistance regarding the interpretation of these conflict of interest and disclosure guidelines should contact the Imperial County Area Agency on Aging Director. The ICAAA Director, or designee, will assist the member with questions and make recommendations on whether or not the Council member should recuse himself/herself from voting. The Advisory Council member may request that ICAAA staff respond in writing.

I, _____, acknowledge the above stated conflict of interest and disclosure guidelines by signing this document and declare that I will abide with the guidelines accordingly.

Applicant Signature:

Date:

You may attach a resume (optional) to assist in the evaluation of your application. Please provide us with three references. We will notify you of the Council's decision regarding the status of your application, if applicable, once the full Council has taken action. Thank you for your interest in joining the ICAAA Advisory Council.

REFERENCES:

NAME:

ADDRESS:

PHONE #:

AFFILIATION:

NAME:

ADDRESS:

PHONE #:

AFFILIATION:

NAME:

ADDRESS:

PHONE #:

AFFILIATION:

Hand Deliver or Mail to:

Imperial County
Area Agency on Aging
Att: Sarah M. Enz, AAA Director
778 W. State Street
El Centro, CA 92243
(442) 265-7030
(442) 265-7035 FAX

Email to:

monicadeleon@co.imperial.ca.us