Commission on Aging Application Form

Name: _____

Address: _____

Home Phone: _____Work: _____ Cell: _____

Email: _____

1. What is your interest in serving on the Commission on Aging?

2. List any previous civic, professional or community activity experience.

3. Will you be representing any local service group or township? Which one?

4. What contributions do you feel you can make to the Commission on Aging?

5. The Commission on Aging meets the first Wednesday of the month at 3:30 p.m. in City Hall. There may be additional meetings throughout the year as needed. Do you foresee any conflicts with the meeting schedule? If so, explain.