State Aging Advisory Council 2023 Application

Bureau of Aging and Disability Resources/Office on Aging

Mission: “To advocate, promote, and share common concerns and opportunities to improve the quality of life, health, and well-being of older adults throughout Wisconsin.”

1. Please provide the following information:

|  |  |
| --- | --- |
| **Category** | **Applicant Information** |
| Name |  |
| Address |  |
| City |  |
| State | Wisconsin |
| Zip |  |
| County and/or Tribe |  |
| Telephone |  |
| Email |  |

1. State briefly why you are interested in serving on the State Aging Advisory Council:
2. List any current or previous community activities/volunteer experience:

|  |  |  |
| --- | --- | --- |
| **Agency/Role/Dates** | **Currently Involved** | **Not Currently Involved** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. List any local government bodies, governing boards, task forces, advisory councils, or other public committees on which you serve or have served:
2. Provide any additional information you would like the Executive Committee to know about your interests and activities:
3. State Aging Advisory Council meetings occur bimonthly via Zoom during daytime hours. Are you able to come prepared and actively participate in these meetings?
4. Do you have access to broadband, an electronic device, email, and the ability to participate in virtual meetings?
5. Do you need any disability-related accommodations to fully participate in meetings? If yes, please explain:
6. The following questions are optional. Your voluntary answers will help us be sure we are reaching out to all parts of Wisconsin’s population as we seek to build the State Aging Advisory Council.

|  |  |
| --- | --- |
| **Category** | **Applicant Information** |
| Gender |  |
| Age |  |
| Veteran Status |  |
| Education Completed |  |
| Current Employment |  |
| Current or Former Occupation |  |

No one shall be excluded from participation in any service or activity because of race, color, religion, national origin, sex, or disability in compliance with the Age Discrimination Act of 1975 and Americans with Disabilities Act of 1990.

**Please read and sign below:**  
I hereby attest that all information provided in this application for membership to the State Aging Advisory Council is true and accurate. I understand that membership in the Advisory Council is a commitment and agree that, if appointed, I will participate and engage in the meetings as scheduled.

**Signature** **Date**

Applications may be submitted at any time. Send via email to [sara.odonnell@dhs.wisconsin.gov](mailto:sara.odonnell@dhs.wisconsin.gov) or U.S. Post Office to the State Office on Aging.

State Office on Aging  
1 W Wilson St, Rm 551  
Madison, WI 53703