



WEXFORD COUNTY COUNCIL ON AGING
Board Membership Application

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ TWP: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____

E-MAIL: _____

PRESENT OR PREVIOUS EMPLOYMENT: _____

POSITION (S) _____

GENERAL JOB RESPONSIBILITIES: _____

VOLUNTEER ACTIVITIES: _____

COMMUNITY INVOLVEMENT AND INTERESTS: _____

I am interested in serving on the Board of Directors yes no

Associate Board Member yes no Either Board yes no

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What other Boards have you served on or are currently serving on?

What prompted your interest to apply for WCCOA Board membership?

Describe your personal or professional expertise and/or interest in the field of aging?

What do you identify as major issues regarding the elderly and aging programs?

As a WCCOA Board member, how can you best represent/advocate the needs of the elderly in Wexford County?

Do you have some specific goals that you would like to see WCCOA accomplish in the next two years?

Additional information or comments you would like to make?
