



**Southeastern Minnesota Area Agency on Aging, Inc. (SEMAAA)**

**Application for Board Membership**

Date: \_\_\_\_\_

Is Your Age Under 60? \_\_\_\_\_

Is Your Age Over 60? \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ County: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Profession: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

1) Briefly describe your vocation and past experience that may contribute to your Board membership:

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Note - Anyone who is currently an employee of an agency or organization receiving funds from SEMAAA is not eligible for Board membership. This is viewed as a conflict of interest.

2) Please list Volunteer Activities (list other boards, committees or service activities you have participated in):

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3) Why would you like to be a SEMAAA board member?

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4) Do you have any experience or knowledge in working with programs funded for older adults? Examples include home and community-based services such as transportation, nutrition, chore, homemaker, respite, and caregiver-supports).

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