



Southeastern Minnesota Area Agency on Aging, Inc. (SEMAAAA)

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: _____

Work Phone: _____

Profession:

E-mail Address:

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

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):

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

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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