

NAPA / SOLANO AREA AGENCY ON AGING

275 Beck Avenue, Fairfield, CA 94533



Application for Membership on Napa/Solano Area Agency on Aging Advisory Council (Feel free to attach a resume or curriculum vitae (CV))

Federal and State laws mandate the composition of the Area Agency on Aging (AAA) Advisory Council. The application questions are designed to ensure the legal composition of the Advisory Council. Date of Birth: Please indicate which county you are applying to represent: Napa County ☐ Solano County Please indicate your membership preference: ☐ Alternate Representative ☐ No Preference ☐ Primary Representative Please indicate the category for which you are applying and your category affiliation (if applicable): Representatives of older individuals ☐ Representative of health care provider organizations, including providers of veterans' health care Health care organization affiliation: ☐ Representatives of supportive services provider organizations. Supportive Services organization affiliation: ☐ Persons with leadership experience in the private and voluntary sectors. Leadership experience (resume or CV may be attached): KIAN) A HOUSE BOARD OF DIRECTORS, WILL BE OF & BOARD IN 3023 ☐ Local elected officials Elected position: Term of Office: _ Term Start Date Term End Date ☐ Family caregiver representative ☐ The general public. Please indicate your race and ethnicity: ☐ Black ☐ White ☐ Hispanic ☐ Asian

☐ American Indian

☐ Other:

☐ Native Hawaiian/Pacific Islander

Residence Address:	
Business Address:	
Phone Numbers: Home: Business:	
Mobile: E-mail Address:	
Supervisorial District in which you reside: \Box 1 \Box 2 \Box 3 \Box 4 \Box 5	
The following links can be used as a reference for Supervisorial District information:	
Solano County:	
http://www.solanocounty.com/depts/rov/district_maps_and_lookup/districtlookup.asp	
Napa County (select "My District" from the link below):	
https://www.countyofnapa.org/2116/Board-of-Supervisors	
The Advisory Council meets monthly on the first Tuesday of the month. Meetings are held from 10:00 am – 12:00 noon. Meeting locations are in Napa and Solano Counties. Members may be asked to attend quarterly meetings of the AAA Oversight Board and monthly subcommittee meetings. Please indicate any obstacles you may have with regard to meeting attendance (example: "I am not able to meet on Mondays or Wednesdays"):	
NO OBSTACLES FOR TUES AM MEETINGS	
Memberships in other organizations or committees or other community participation (list name and	
address and nature of organization/committee or community participation): RIANDA HOUSE, ST HECENA CHAMBER OF COMMERCE STHELEMA ACTIVE TRANSPORTATION COMM, NAPA CO.,	٤
Please provide a brief description of your employment and educational history (resume or CV may be CLASSES	_
attached): PHD CUNICAL PSYCHOLOGY 15 YVS WITH	
GOUT RELIATIONS! OWNER CORYELL CONSULTING	>
PROVIDED GOVT RELATIONS FOR VARIOUS CORPORATIONS &	
References (list 3):	ĺ
Name Relationship	
Why do you want to serve on the Advisory Council?: HAVE been in valved with LANDA HOUSE T SCHOOL SERVICES SINCE 2010. Recontly MOJEST TO NAPA, WILL BE GOING DEE RHOUSE BOARD. WANT LO CONTAINE FOR SERVICES; WILL CONTAINE Napa Applicants: please list all court or other public administration actions impacting your credit rating within the past 10 years: NOTE TO SERVICES; WILL CONTAINE Napa Applicants: please list all court or other public administration actions impacting your credit rating	
Applicant signature: Date: Date:	