



**OC COMMUNITY SERVICES**  
**OC OFFICE ON AGING**

**OLDER ADULTS ADVISORY  
COMMISSION**  
**APPLICATION FOR MEMBERSHIP**

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Aging Services

1300 S. Grand Ave., Bldg. B  
Santa Ana, California 92705

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Persons applying to become members of the **Older Adults Advisory Commission (OAAC)** acknowledge the following: (1) Each member is required to attend monthly meetings (2) Each member is required to attend an annual training session scheduled by the Office on Aging, sign a Code of Ethics form and complete the AB1234 training; (3) Each member must actively pursue an understanding of the Older Americans Act; and (4) Each member must have access to a computer and have an e-mail address.

I, \_\_\_\_\_, hereby apply to serve on the Older Adults Advisory Commission.  
(PRINT NAME)

E-MAIL:		PHONE:	
ADDRESS: (Street)		RESIDING DISTRICT:	
(City, State, Zip)		DATE:	

**NOTE:** Contact information such as email and phone may be shared with other members of the Commission for internal communication.

AGE:	BIRTH MONTH AND YEAR:		
<b>RACE/ETHNICITY:</b> In compliance with the Title 22 of the State Regulation, Article 3, Section 7302, the California Department on Aging requests that the Area Agencies on Aging Area Plans obtain the following information from the Area Agency on Aging Advisory Commission. Please check the box that applies to you:			
<input type="checkbox"/>	Asian or Pacific Islander (includes Chinese, Filipino, Japanese, Korean, Samoan, Vietnamese)	<input type="checkbox"/>	African American
<input type="checkbox"/>	Hispanic (includes Mexican, Puerto Rican, Cuban, Latin American or Spanish)	<input type="checkbox"/>	Native American or Alaskan Native (includes persons who identify themselves or are known as such by virtue of tribal association)
<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Other _____

**A. WORK HISTORY:**

Dates:		Employer:	
Title:		Duties:	

Dates:		Employer:	
Title:		Duties:	

**B. VOLUNTEER HISTORY:**

Dates:		Agency:	
Title:		Duties:	
Dates:		Agency:	
Title:		Duties:	

**C. EDUCATION:**

DEGREE(S):			
PROFESSIONAL DESIGNATION OR LICENSE			
MILITARY SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**D. REFERENCES:**

NAME	TITLE	PHONE #

LIST NAME OF BOARD MEMBERSHIP(S)/AFFILIATION(S):

DATES SERVED:


PLEASE DESCRIBE YOUR INTERESTS AND/OR REASONS FOR WANTING TO BE ON THIS COMMISSION:

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1. ARE YOU A PAID SERVICE PROVIDER OF OLDER ADULT SERVICES? ☐ YES ☐ NO

IF YES, PROVIDER NAME: \_\_\_\_\_

2. ARE YOU A LOCAL ELECTED OFFICIAL? ☐ YES ☐ NO

3. ARE YOU A REPRESENTATIVE OF LOW-INCOME OLDER ADULTS? ☐ YES ☐ NO

4. ARE YOU A REPRESENTATIVE OF PERSONS WITH DISABILITIES? ☐ YES ☐ NO

5. ARE YOU A REPRESENTATIVE OF A HEALTH CARE PROVIDER? ☐ YES ☐ NO

IF YES, PROVIDER NAME: \_\_\_\_\_

6. ARE YOU A FAMILY CAREGIVER INCLUDING OLDER RELATIVE CAREGIVER? : ☐ YES ☐ NO

7. ARE YOU A TRIBAL REPRESENTATIVE? ☐ YES ☐ NO

8. ARE YOU A VETERAN? ☐ YES ☐ NO

9. ARE YOU A REPRESENTATIVE OF THE LGBTQ COMMUNITY? ☐ YES ☐ NO

IS THERE ANY SPECIAL SKILL OR ABILITY YOU FEEL YOU COULD CONTRIBUTE TO THE OLDER ADULTS ADVISORY COMMISSION? IF SO, PLEASE DESCRIBE: e.g. Presentations, Leadership, Other Languages:

SEE ATTACHED INFORMATION: ☐

**OAAC APPLICATION CONFLICT OF INTEREST DISCLOSURE GUIDELINES**

Members of the OLDER ADULTS ADVISORY COMMISSION (OAAC) who vote, participate in Requests for Proposals, and/or evaluate programs under the Older Americans Act, Older Californians Act, and Tobacco Settlement Revenue are subject to the County of Orange Conflict of Interest and Disclosure guidelines.

Members of the OAAC shall not discuss, advocate, or vote on any matter in which they have a conflict or potential conflict of interest or an interest which reasonably might appear to be in conflict with the concept of fairness in dealing with public funds. A conflict of interest or a potential conflict occurs if a member has a separate, private, or monetary interest, either direct or indirect, in any issue or transaction under consideration. Any member who violates this provision may be subject to removal from the Council in addition to other remedies at law.

If a Commission member believes he/she has a conflict or potential conflict of interest on a particular issue, then that member should state the nature of the conflict, detailing that he/she has a separate, private, or monetary interest, either direct or indirect, in the issue, program or transaction under consideration. The member should then recuse himself/herself from considering and voting on the matter. In cases where a Commission member declares a conflict or potential conflict of interest, the member shall recuse himself/herself from all discussion and consideration until voting is completed on the matter in question.

Any Commission member having questions or needing assistance regarding the interpretation of these conflict of interest and disclosure guidelines should contact the OC Office on Aging. The OoA staff will assist the member with questions and make recommendations on whether or not the Commission member should recuse himself/herself from voting. The Commission member may request that OoA staff respond in writing.

I, \_\_\_\_\_, acknowledge the above stated conflict of interest and disclosure guidelines by signing this document and declare that I will abide with the guidelines accordingly.

(PRINT NAME)

Signature

Date

<p>RETURN APPLICATION:</p> <p><b>Via Email</b></p> <p>OCCSAdvisoryCouncilsBoards@occr.ocgov.com</p> <p><b>Via Mail</b></p> <p>OC Office on Aging-OAAC Application Processing</p> <p>1300 S. GRAND AVE., BLDG. B</p> <p>SANTA ANA, CA 92705</p> <p>714-480-6450</p>	<p>DATE RECEIVED: _____</p> <p>DATE REVIEWED BY OAAC: _____</p> <p>DATE APPROVED BY OAAC: _____</p>
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