



# Eastern Carolina Council

Area Agency on Aging

## Community Advisory Committee Application

Please check the committee interested in serving.

Adult Care:

Nursing Home:

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

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

\_\_\_\_\_ City State Zip County

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Occupation (Former or Present) \_\_\_\_\_

Please list any boards/committees/commissions presently serving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief history of (interests, hobbies, attributes) that may help your service as a community advisory committee member.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

(Section completed by BOCC) Date of appointment:

Expiration of term: