

# ADRC Advisory Committee Membership Application Form

## 1. Applicant Name

First Name:

Last Name:

## 2. Contact Information

Mailing Address:

Phone Number:

E-Mail Address:

## 3. Gender:

Male

Female

Other (specify):

## 4. Ethnicity (Optional)

African American

American Indian or Alaska Native

Asian

Hispanic

Pacific Islander

White

Other (specify):

## 5. Affiliation

- ADRC Partner Organization or Association (specify):
- Consumer
- Service Provider (specify):
- Other (specify):

6. Describe your relevant experience in an advisory capacity, including participation on any related advisory bodies, for ADRC long-term services and supports in California (Please include attachment if additional space is needed).

7. Describe what you hope to contribute as a result of participating on the ADRC Advisory Committee (Please include attachment if additional space is needed).

Signature:

Date:

**Please e-mail or mail application to:**

California Department of Aging

ATTN: Aging & Disability Resource Connection

1300 National Drive, Suite 200, Sacramento, CA 95834-1992

ADRC@aging.ca.gov