



**CASCADE COUNTY**  
**Area VIII Agency on Aging**  
**Senior Advisory Council**  
**Application**

Please complete this form and return it to the County Commission Office, Room 111 Courthouse Annex, 325 2<sup>nd</sup> Avenue North, Great Falls, MT 59401. If you have any questions, please contact the Commission Office at (406) 454-6810. This application is designed to obtain information as to your interest and qualifications for serving on a County Government Board.

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 (Please Print or Type) \_\_\_\_\_ Date \_\_\_\_\_

**NAME** \_\_\_\_\_

**TELEPHONE** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**Current County Boards or Volunteering** \_\_\_\_\_

\_\_\_\_\_

**Previous Public Experience, Boards or Volunteering** \_\_\_\_\_

\_\_\_\_\_

**Employer** \_\_\_\_\_

\_\_\_\_\_

**Education** \_\_\_\_\_

\_\_\_\_\_

**Please indicate which category you are qualified for.**

- \_\_\_\_\_ Community Member 55 years of age or older
- \_\_\_\_\_ Supportive Services Provider for individuals age 55 or older
- \_\_\_\_\_ Caregiver, Guardian, Power Holder, etc. of a person 55 or older
- \_\_\_\_\_ Health Care Provider – hospital, VA, clinic or other
- \_\_\_\_\_ Experienced Community Leader – private or volunteer sector
- \_\_\_\_\_ Individual interested in services to the aging population
- \_\_\_\_\_ Individual interested in the aging population

**List special experience or education you may have for serving on this council.**  
*(Include additional information on the back of this form or attached a resume.)*

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