



## Seward County Aging Services Advisory Board Application

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Years Lived or Worked in Seward County: \_\_\_\_\_

Company & Position/Title (if employed): \_\_\_\_\_

Please list any board service, volunteer work, special training, skills, professional membership, community activities, hobbies, special interests that may be useful to your board placement:

Briefly describe why you are interested in serving on the Seward County's Aging Services Advisory Board?

Skills, Experiences, and Interests that you are willing to share with Seward County Aging Services

- |   |   |
|---|---|
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Event Planning       |
| <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Community Networking |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Caregiver Support    |
|   | <input type="checkbox"/> Grant Writing        |

Are you able to commit to attending our quarterly Board Meetings?

- Yes  
 No

The term of a Board member is two years. Are you able to commit to serving on the Advisory Board for two years?

Yes

No

What are your expectations from Seward County Aging Services?

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Signature of Applicant

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Date

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