



Sonoma County Area Agency on Aging

3725 WESTWIND BLVD., P.O. BOX 4059, SANTA ROSA, CA 95402
(707) 565-5950 FAX (707) 565-5957

AAA ADVISORY COUNCIL RESPONSIBILITIES

I. Primary Functions:

- Advise the Board of Supervisors about issues and concerns of Sonoma County seniors, younger adults with disabilities, and their caregivers.
- Plan for, monitor, and assess the use of Older Americans Act funds for senior programs as well as state funded Community Based Services Programs for seniors and younger adults with disabilities.
- Develop a comprehensive and coordinated service delivery system for seniors and younger adults with disabilities in Sonoma County.
- Advocate on behalf of all seniors, younger adults with disabilities, and their caregivers.

II. Responsibilities:

- Attend monthly meetings of the AAA Advisory Council. These are held on the third Wednesday of each month at 1:00 p.m. for approximately three hours.
- Serve on one AAA Advisory Council committee. These include the Planning & Funding, Legislative, and Transportation & Mobility Committee, as well as other ad hoc committees as identified.
- Attend one full day orientation/training for the Advisory Council each year.
- Other related duties include program monitoring, attending presentations at the Board of Supervisors, attending public hearings, serving as liaison to other groups or commissions, and planning special projects. These are chosen based upon the interest and availability of individual members.

III. Terms

- Terms of appointment are two years with optional renewal term.
- Upon selection, each new member meets with representatives of the Advisory Council and a staff person for a thorough orientation.



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AAA ADVISORY COUNCIL APPLICATION FORM

NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ E-Mail: _____ YEAR OF BIRTH: _____

I. AAA Advisory Council members are chosen on the basis of geographic location or special designated membership categories. In order to match applications with vacancies, please check all items below that apply:

Supervisory District:

Representative of:

1. Brown _____
2. Kerns _____
3. Zane _____
4. Kelley _____
5. Carrillo _____

1. Disabled Populations _____
2. Member-at-Large (interested individual) _____
3. Minority Population _____

II. PROFESSIONAL/WORK BACKGROUND: _____

III. PLEASE LIST AFFILIATIONS/ASSOCIATIONS IN SENIOR ORGANIZATIONS, GROUPS OR OTHER CIVIC ACTIVITIES: _____

IV. SPECIAL INTERESTS/CONCERNS: _____

V. WHY DO YOU WANT TO SERVE ON THE AAA ADVISORY COUNCIL? _____

V. HAVE YOU ATTENDED AN AREA AGENCY ON AGING ADVISORY COUNCIL MEETING?
Yes _____ No _____

Date

Signature