Siouxland Aging Services, Inc.
Advisory Council Member Nominee Background and Bio

NAME:_____ Date:_____

Address:_____

County:_____ Phone:_____

Please give a brief history of yourself (work, community service, accomplishments, etc.):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What do you think you would bring to the Advisory Council of Siouxland Aging Services in carrying out their mission of serving seniors to enable them to live with maximum dignity, well-being, and independence?

_____

_____

_____

_____

_____

Applicant Signature:_____