

**NORTHERN ARIZONA COUNCIL OF GOVERNMENTS
AREA AGENCY ON AGING
REGIONAL ADVISORY COUNCIL ON AGING
APPLICATION FOR MEMBERSHIP**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE # _____ **E-MAIL:** _____

EDUCATION:

High School, University, College or Other School

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK HISTORY:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIOR VOLUNTEER EXPERIENCE

PLEASE COMPLETE THE FOLLOWING INFORMATION TO ASSIST US IN FULFILLING MEMBERSHIP REQUIRMENTS

1. Age (check one) _____ Under age 60 _____ Age 60 or over

2. I represent the following categories:

_____ Program participant (Do you use any of the services available through the area Agency programs?)

If yes please list _____

_____ Older persons in economic need

_____ Minority Older Persons

_____ Community Member

_____ Elected Official

_____ Service Provider (not receiving funds from NACOG AAA)

3. By my signature below, I certify that I do not administer any NACOG AAA funding or work for a provider who administers NACOG AAA funding.

Please describe why you would like to be a member of the Advisory Council and what you will contribute:

I will serve as a _____ member _____ alternate _____ either

Other Comments: _____

Signature

Date

NACOG Area Agency on Aging

Advisory Council Conflict of Interest Statement

It is essential that the integrity of the Area Agency on Aging (AAA) Advisory Council be maintained to ensure that the regional service priorities are fairly and equitably considered. In the Department of Economic Security Policy and Procedures in Chapter 2000 section 2203.4 it states, “in selecting the membership of the Advisory council, Area Agencies on aging shall ensure that a conflict of interest does not exist among its members. Provider agencies selected for membership on the Advisory Council cannot receive funds from Area Agencies on Aging.”

NACOG Rules and Regulations 3.1 (d) defines “immediate family” to include the following:

- Husband
- Wife
- Mother
- Wife
- Father
- Brother
- Sister
- Son
- Daughter
- Mother-in-law
- Father-in-law
- Brother-in-law
- Sister-in-law
- Son-in-law
- Daughter-in-law
- Grandparents
- Grandchild
- Aunt
- Uncle
- Niece
- Nephew
- Step-parent
- Step-child

It shall be construed a conflict of interest if a member of the Advisory Council has any association with the services provided by the AAA either as a provider receiving and/or administering AAA funds or as a funder who provides funding or distributes funding to the AAA or as an employee of either. It shall be construed a conflict of interest if a member of the Advisory Council is an immediate family member (as defined in NACOG Rules and Regulations Section 3.1.d) of anyone who has any association with a provider receiving or administering AAA funds or of a funder. No member of the Advisory Council shall have any conflict of interest perceived or otherwise that would hinder service as a member of the NACOG Advisory council on Aging.

I understand that my signature below indicates that I have read and understand the above definitions of conflict of interest and that I have no conflict of interest as so defined.

Signature

Date