Council on Aging Advisory Council

Council on Aging of Southwestern Ohio (COA) is seeking new members for its Advisory Council. COA’s mission is to enhance people’s lives by assisting them to remain independent at home through a range of quality services.

**Advisory Council Role**

The Advisory Council gives voice to older consumers of services, people with disabilities and others involved in the field of aging. Members’ views are brought to the attention of the Board of Trustees and COA staff to bring about a collaboration of older citizens, people with disabilities, community agencies, and state and local governments.

**Advisory Council Purpose:**

- To provide information, guidance, advice, and support to Council on Aging.
- To be an advocate on behalf of older adults and people with disabilities in Butler, Clermont, Clinton, Hamilton and Warren counties.
- To represent the interests of older adults and people with disabilities in the county where you live.

**Responsibilities include:**

- Help evaluate program results and assess new service needs.
- Review and recommend action on service contracts and the Area Plan for Council on Aging.
- Help recruit volunteers for program activities and participate in outreach activities.
- Support services for older adults and people with disabilities by actively advocating at the community, state and federal levels.
- Report on issues, activities, and concerns related to older adults in your community.
- Attend quarterly Advisory Council meetings and 4-6 committee meetings annually.

If interested in volunteering for COA’s Advisory Council please complete the prospective member form on the back and return to: Sandy Rodich, Council on Aging of Southwestern Ohio, 175 Tri County Parkway, Cincinnati, OH 45246 or by Email: srodich@help4seniors.org.
COA ADVISORY COUNCIL BOARD
PROSPECTIVE MEMBERS FORM

Name: ________________________________________________________________

Address: ______________________________________________________________________________________

County: ________________________________________________________________________________________

Telephone: Home __________ Work ___________ Cell __________

Email Address: ____________________________________________________________________________________

Current or most recent occupation: __________________________________________________________________________________________

____________________________________________________________________________________________

If you have served on committees in other organizations, please list:

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____________________________________________________________________________________________

____________________________________________________________________________________________

In what ways are you involved with older persons or people with disabilities?

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Please indicate your areas of interest:

Planning for Services __________ Community Relations __________

Program Evaluation __________ Advocacy __________

Identifying gaps in services and working with the Council on Aging to address service gaps. __________

Any additional information: __________________________________________________________________________

____________________________________________________________________________________________

Referred by: __________________________ Check one: Over age 60 ______ Under age 60 ______