



Oakland County Senior Planning Coalition VOLUNTEER APPLICATION

Applicant Information

Full Name: _____ Date: _____
First Last

Organization: _____

Position _____

Address: _____
Street Address Apt/Suite

City State ZIP Code

Phone: () Fax: () E-mail: _____

Interests

Describe background and interest in volunteering to serve on the Oakland County Senior Planning Coalition:

Describe some issues that you think the Study Planning Coalition should explore

Please check your area(s) of interest as it relates to Seniors and the Planning Coalition.

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Housing | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Recreation | <input type="checkbox"/> Out of Home Care | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Caregivers | <input type="checkbox"/> Disabilities | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Senior Centers | <input type="checkbox"/> Other _____ | | |

Signature

Signature _____ Date _____

Submit completed and signed volunteer application April 30, 2009:

Mail: Oakland County Senior Planning Coalition
 c/o Sheryl L. Mitchell
 1200 N. Telegraph Road
 Pontiac, MI 48341-0470

Fax: 248.452.9772
Email: mitchells@oakgov.com