OC COMMUNITY SERVICES

OFFICE ON AGING
SENIOR CITIZENS ADVISORY COUNCIL

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APPLICATION FOR MEMBERSHIP

Persons applying to become members of the **Senior Citizens Advisory Council (SCAC)** acknowledge the following: (1) Each member is required to serve on at least one Committee and attend monthly meetings at different older adult program locations throughout the County. This means they must have transportation; (2) Each member must serve a minimum of eight hours per month on these activities; (3) All SCAC members are required to attend an annual training session scheduled by the Office on Aging, sign a Code of Ethics form and complete the AB1234 test; (4) Each member must actively pursue an understanding of the Older Americans Act; (5) Each member must have access to a computer and have an e-mail address; (6) Individuals may also choose to serve on a Committee only without being a member of the Senior Citizens Advisory Council (SCAC), but must follow all SCAC requirements.

Option 1: SCAC MEMBERSHIP

I, _____, hereby apply to serve on the Senior Citizens Advisory Council (SCAC) as well as the following committee(s):

☐ Health/Nutrition	☐ Housing/Transportation	☐ Legislation		

Option 2: COMMITTEE ONLY

I, _____, will serve on a committee only. I choose the following committee(s):

☐ Health/Nutrition	☐ Housing/Transportation	☐ Legislation		

NAME:		PHONE:	
E-MAIL:		District#	
ADDRESS: (Street)		DATE:	
(City, State, Zip)			

AGE:	60 OR OVER	YES ☐ NO ☐	BIRTH DATE & MONTH: _____

RACE/ETHNICITY:
In compliance with the Title 22 of the State Regulation, Article 3, Section 7302, the California Department on Aging requests that the Area Agencies on Aging Area Plans obtain the following information from the Area Agency on Aging Advisory Council (SCAC). Please check the box that applies to you:

☐	Asian or Pacific Islander (includes Chinese, Filipino, Japanese, Korean, Samoan, Vietnamese)	☐	African American
☐	Hispanic (includes Mexican, Puerto Rican, Cuban, Latin American or Spanish)	☐	American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue of tribal association)

☐	Caucasian	☐	Other _____

A. WORK HISTORY:

Dates:		Employer:	
Title:		Duties:	
Dates:		Employer:	
Title:		Duties:	

B. VOLUNTEER HISTORY:

Dates:		Agency:	
Title:		Duties:	
Dates:		Agency:	
Title:		Duties:	

C. EDUCATION:

DEGREE(S):	
PROFESSIONAL DESIGNATION OR LICENSE	
MILITARY SERVICE?	☐ YES ☐ NO

D. REFERENCES:

NAME	TITLE	PHONE #

LIST YOUR BOARD MEMBERSHIPS/AFFILIATIONS AND DATES SERVED:

PLEASE DESCRIBE YOUR INTERESTS AND/OR REASONS FOR WANTING TO BE ON THIS COUNCIL:

ARE YOU A PAID SERVICE PROVIDER OF OLDER ADULT SERVICES? ☐ YES ☐ NO

IF YES, PROVIDER NAME: _____

ARE YOU A LOCAL ELECTED OFFICIAL? ☐ YES ☐ NO

ARE YOU A REPRESENTATIVE OF LOW-INCOME OLDER ADULTS? ☐ YES ☐ NO

ARE YOU A REPRESENTATIVE OF PERSONS WITH DISABILITIES? ☐ YES ☐ NO

ARE YOU A REPRESENTATIVE OF A HEALTH CARE PROVIDER? ☐ YES ☐ NO

IF YES, PROVIDER NAME: _____

SEE ATTACHED INFORMATION: ☐

IS THERE ANY SPECIAL SKILL OR ABILITY YOU FEEL YOU COULD CONTRIBUTE TO THE SENIOR CITIZENS ADVISORY COUNCIL? IF SO, PLEASE DESCRIBE: e.g. Presentations, Leadership, Other Languages:

RETURN TO: SCAC Application Processing OFFICE ON AGING 1300 S. GRAND AVE., BLDG. B SANTA ANA, CA 92705 (714) 567-7318	APPROVED & REFFERED TO EXECUTIVE COMMITTEE BY: Committee on _____ APPROVED & REFERRED TO SCAC BY: _____ Committee on _____ APPROVED BY SCAC ON: _____

SCAC APPLICATION CONFLICT OF INTEREST DISCLOSURE GUIDELINES

Members of the SCAC Council (consists of Council and standing committee members) that vote, rate Requests for Proposals, and evaluate programs under the Older Americans Act, Older Californians Act, and Tobacco Settlement Revenue are subject to the County of Orange Conflict of Interest and Disclosure guidelines.

Members of the SCAC Council shall not discuss, advocate, or vote on any matter in which they have a conflict or potential conflict of interest or an interest which reasonably might appear to be in conflict with the concept of fairness in dealing with public funds. A conflict of interest or a potential conflict occurs if a member has a separate, private, or monetary interest, either direct or indirect, in any issue or transaction under consideration. Any member who violates this provision may be subject to removal from the Council in addition to other remedies at law.

If a Council member believes he/she has a conflict or potential conflict of interest on a particular issue, then that member should state the nature of the conflict, detailing that he/she has a separate, private, or monetary interest, either direct or indirect, in the issue, program or transaction under consideration. The member should then recuse himself/herself from considering and voting on the matter. In cases where a Council member declares a conflict or potential conflict of interest, the member shall recuse himself/herself from all discussion and consideration until voting is completed on the matter in question.

Any Council member having questions or needing assistance regarding the interpretation of these conflict of interest and disclosure guidelines should contact the Office on Aging. The OoA staff will assist the member with questions and make recommendations on whether or not the Council member should recuse himself/herself from voting. The Council member may request that OoA staff respond in writing.

I,_____, acknowledge the above stated conflict of interest and disclosure guidelines by signing this document and declare that I will abide with the guidelines accordingly.

_____ _____

Signature Date