

Nomination for Advisory Council

Nan	ne:				
Hon	ne Address:				
Mob	oile Phone:		Work Phone	e:	
E-M	ail:				
Emp	oloyment/position:				
Rele	evant Professional and	Personal S	kills:		
Gen	der:				
	Male	Age:		Ethnicity:	
	Female		18-29		White
			30-45		Black
			46-59		Latino
			60+		Other
Area	as I can make the most	t impact:			
П	Legal	П	Policies/HR		Marketing
	Healthcare/		Government		Public Relations
	Education		Advocating		Other
	Fund Raising		Financial		
I am	available to voluntee	r at events	during the:		
	Morning			Weekdays	
	Afternoons			Weekends	
	Evenings				

I am on the fo	ollowing social media:		
	Facebook	□ TikTok	
	Instagram	□ Other	
	LinkedIn	□ NONE	
	Twitter		
Additional co	mments:		
I would need	the following accommodations:		
□ Large	print materials	☐ Audio assistance	
Nominated by	(if applicable):		

Please note: Return to BCOA, 706 Bearkat Dr, Bossier City, LA 71111 or email completed form to contactus@bossiercoa.org.

Area Agency on Aging advisory council functions & composition, per GOEA guidelines:

- Shall carry out functions which further the AAA mission.
- Members of the advisory council shall: develop & administer area plan b. representing interests of older persons of Bossier parish.
- Attend meetings, volunteer, fundraise & advocate.
 Shall not serve on BCOA board of directors. c.
- d.