Nutrition Advisory Council Application

Due December 18th

Name:

Date of Birth (requirement for certain percentage of members to be 60 or over):

1. Are you familiar with the ADRC Senior Nutrition Program?

   ☐ Yes ☐ Somewhat ☐ No

2. Have you ever participated in, volunteered with, or worked with a senior meal program?

   ☐ Yes ☐ No

   If yes, please describe: _____

3. Why are you interested in joining the Nutrition Advisory Council?

- ❖ Quarterly meetings at ADRC
- ❖ Two year terms, up to three terms (six years max)
- ❖ ADRC Committee to vote on selected applicants

Mail or return application to:

ADRC of Oneida County

Attn: Mya Olkowski

100 W Keenan St. Rhinelander, WI

54501