

Olmsted County Vital Aging Commission

Purpose: The Vital Aging Commission advises the County Board on Important issues affecting elders and their families, and advocates for the interests, and needs of our aging population.

Organizational Aims:

- Recognize and promote elders as essential community assets.
- Enhance the quality of life for seniors through health and wellness initiatives.
- Facilitate access to information and community resources for elders and their families.

Member Responsibilities: Meetings are held on the third Tuesday of every month from 11:45 pm – 2:00 pm at the Southeastern Minnesota Center for Independent Living (SEMCIL) 2720 North Broadway, Rochester. Additional meetings may be scheduled as needed or decided by a majority of Commission members. Commissioners are appointed to 2 year terms which can be renewed for one additional 2 year term. Meeting agendas vary, but generally include information and/or speakers on timely community topics or issues, and Commission action planning addressing Organizational Aims.

Please complete the attached application and send it to:

Olmsted County Vital Aging Commission
Olmsted County Administration
151 SE 4th Street
Rochester, MN 55904

The Vital Aging Commission is a partnership of the Rochester Senior Center, the Southeastern Minnesota Center for Independent Living (SEMCIL) and Olmsted County. Members are appointed by the Olmsted County Board of Commissioners. When your application has been received you will be contacted by County Administration to set up an interview.

For questions or additional information, contact:

Mary Gorfine, Olmsted County Administration
151 SE 4th Street
Rochester, MN 55904
338-6001

Gorfine.mary@co.olmsted.mn.us

Olmsted County Vital Aging Commission
Application for Membership

Name: _____

Street Address: _____

City: _____ Zip code: _____

Daytime Phone: _____ Evening Phone _____

E-mail address: _____

Under age 55 _____ Over age 55 _____

1. Why you are interested in serving on the Vital Aging Commission?

2. What life, work, or volunteer experiences would you bring to this commission?

3. Are you employed by an organization that exclusively provides services to the elderly?

_____ Yes

_____ No

If you answered yes, please provide the name of the organization and your professional responsibilities.