



Metropolitan Area Agency on Aging

3001 Broadway St. NE, Suite 601
Minneapolis, MN 55413
metroaging.org

Application for Board of Directors

Name: _____

Residential Address: _____

City: _____ County: _____ State: _____ Zip: _____

Primary Phone (used as preferred method of contact): _____

Secondary Phone (if any): _____

Primary Email Address (used as preferred method of contact): _____

Secondary Email Address (if any): _____

Place of Employment (if any): _____

Title at Employment (if any): _____

- #### 4. What are the ways you envision supporting MAAA's mission?

Background Check Acknowledgement

As a board member, I acknowledge that I may be subject to background checks required of health care entities including:

- US Department of Health & Human Services Office of Inspector General (OIG) List of Excluded Individuals and Entities.
- General Services Administration's (GSA's) System for Award Management (SAM).
- CMS preclusion list (in accordance with CMS requirements and to the extent Delegate is authorized to obtain access to the preclusion list).
- Additional site(s) as may be designated from time to time by the OIG, GSA, CMS or other governmental authority.

Further, I understand that I may be asked to provide additional information to MAAA (i.e., the last 4 numbers of my social security number) if needed and requested.

Signature: _____

You are welcome to attach a biography or curriculum vitae, if available, and return with this application to David Kittelson, Executive Assistant & Planning Coordinator,
dkittelson@metroaging.org.

For more information, contact Dawn Simonson, President and CEO,
651.900.8700 or dsimonson@metroaging.org.
Board members generally serve a term of 3 years.

MAAA helps people optimize well-being as they age.