



North Carolina Senior Tar Heel Legislature Reappointment Application

This form must be completed every two years by current STHL delegates and alternates seeking reappointment. Expectations are listed below. Reappointment decisions will be based on demonstrated performance and continued commitment to service.

Expectations

- Attend regional and state orientation
- Attend up to six regional meetings per year and three statewide meetings per year, which may require travel
- Participate in virtual committee meetings and information sessions (up to twice monthly)
- Provide information to county aging planning committees and participate in meetings upon request
- Participate on senior center certification site team visits (one to five times during a five-year period, depending on the number of certified centers in county)
- Respond to phone calls and emails within 3 business days
- Maintain a strong relationship with other STHL representative in the county and consult on matters requiring a vote
- Learn about the aging network, funding, and issues affecting older adults in NC by attending relevant meetings, speaking with older adults in the community, reading relevant emails, etc.
- Provides information to the public in the county on relevant issues through informational booths, group presentations, community forums, legislator forums, newspaper articles, radio shows, etc.
- Advocate with public officials regarding NCSTHL's legislative priorities on behalf of older adults
- Network with other members of the NCSTHL

Application Form

General Information

Name: _____

Position: Delegate Alternate

County: _____

Have you had any changes to your contact information? If so, please provide new information below.

Address: _____

Email: _____ Cell Phone: _____

6. What efforts have you engaged in to better understand the legislative needs of older adults in your community?

- Spoken informally with older adults
 - Conducted survey(s)
 - Listened to discussions of senior issues
 - Hosted listening sessions with older adults in your community
 - Served on additional local or state coalitions to learn more about issues
 - Invited the public to contact you with concerns
 - Other(s) (specify): _____
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7. What legislative advocacy efforts have you engaged in?

- Pursued a relationship with legislative representatives
 - Mailed/Emailed/texted local legislative representatives
 - Visited with legislative representatives
 - Presented key information to older adults and encouraged them to reach out to legislative representatives
 - Sent editorials to newspapers
 - Other(s) (specify): _____
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8. If reappointed, what are a few goals you have for the next term?

Attestation

By completing the attached application form and signing below, you attest the above is true. You commit to continue meeting the expectations of this position to the best of your ability and agree to notify the AAA if you are no longer able to do so.

SIGNATURE: _____ DATE: _____

