



North Carolina Senior Tar Heel Legislature Application

The North Carolina Senior Tar Heel Legislature (NCSTHL) was authorized by the North Carolina General Assembly to assess the needs of older citizens, promote citizen involvement and advocacy concerning aging issues, and provide information and education to older adults on legislative process and matters being considered by the NCGA. The NCSTHL develops recommendations to present to the North Carolina General Assembly for consideration. Each county appoints one delegate to the NCSTHL for a two-year term. Many also appoint an alternate.

Qualifications

- 60 years of age or older and resides in the county in which they serve
- Genuine interest and concern for older adults in NC
- Maintains an email account for communication
- Commitment and time to meet the expectations of this position

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

Attestation

By completing this application form and signing below, you agree to meet the expectations of this position to the best of your ability.

SIGNATURE: _____ DATE: _____

Application Form

General Information

Name of Candidate: _____ Phone Number: _____

Mailing Address: _____

County of Residence: _____ Date of Birth: _____

E-mail Address: _____

Employment Status: ☐ Working Full-time ☐ Working Part-time ☐ Retired

If Employed: Name of Employer: _____

Work Title: _____

If not a self-nomination, please provide the following information about the nominator:

Name: _____ Phone Number: _____

E-mail Address: _____

Education

Highest Level of Education: ☐ High School-GED ☐ Associates ☐ Bachelors
☐ Masters ☐ post-Graduate

Professional Licenses Held (if applicable):

Question:

1. Meetings are held during the day. Will this create any conflict?

2. Why do you want to serve on the NCSTHL? If nominating someone else, why do you feel they should serve?

3. Describe candidate's experience and knowledge relative to issues affecting older adults:

4. Describe candidate's participation in groups or organizations for older adults and in councils or committees which advise or oversee programs which have an impact on older persons:

5. Describe any special skills or attributes which would enhance candidate's effectiveness as a member of the NCSTHL:

Attachments (optional: resume, curriculum vitae, or bio):



Supported by NCDHHS DAAS