



# Application Form Orland Fire Protection District (OFPD) Senior Advisory Council (SAC)



The Orland Fire Protection District (OFPD) would like to invite senior volunteers from the district to join the Senior Advisory Council (SAC). Along with OFPD personnel from our Public Education, Emergency Management Services and Fire Prevention bureaus, the Council will address the specific health and safety needs of seniors through development of educational topics, including: The Community Care Program, CPR, Fire Prevention, Preregistration of Health History, Emergency Preparedness for Special Needs Seniors, and In-Home Safety Device Operation & Maintenance.

**ALL APPLICANTS MUST HAVE ACCESS TO A COMPUTER.**

**Please complete this Application Form and return it to:  
The Senior Advisory Council  
9790 W. 151<sup>st</sup> Street, Orland Park, IL 60462  
Tel. (708) 349-0074 Fax (708) 349-0354**

**\* Required \*\* Optional**

### PERSONAL INFORMATION

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_  
\_\_\_\_\_

\*Telephone/Cell \_\_\_\_\_

\*Email address \_\_\_\_\_

\*\*Age (55 or older) \_ \_\_\_\_\_

\*How many years have you resided in the district \_\_\_\_\_

\*Emergency Contact Person Name and number: \_\_\_\_\_

( ) \_ \_ \_ - \_ \_ \_ \_

Relationship \_\_\_\_\_

### \*EDUCATIONAL BACKGROUND

(Please check educational level achieved)

High School Diploma/GED \_\_\_\_\_

Some College \_\_\_\_\_

Associates Degree \_\_\_\_\_

Bachelor's Degree \_\_\_\_\_

Master's Degree \_\_\_\_\_

Doctorate \_\_\_\_\_

Other \_\_\_\_\_

**\*EMPLOYMENT HISTORY**

(Please indicate name, address, and years of employment with current or last employer)

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Years of Employment \_\_\_\_\_

**\*AVAILABILITY**

(Please check categories that apply to you)

Weekdays & Weekends \_\_\_\_\_

Weekdays Only \_\_\_\_\_

Weekends Only \_\_\_\_\_

Days or Evenings \_\_\_\_\_

Days Only \_\_\_\_\_

Evenings Only \_\_\_\_\_

**\*\*COMMUNITY INVOLVEMENT**

(Briefly describe your volunteer/membership/community involvement)

\_\_\_\_\_  
\_\_\_\_\_

**\*\*SPECIAL INTERESTS/HOBBIES** (Briefly describe)

\_\_\_\_\_  
\_\_\_\_\_

**\*WHY DO YOU WANT TO BE A MEMBER OF SAC?**

(Briefly describe why you would like to be a member of the OFPD's Senior Advisory Council)

\_\_\_\_\_  
\_\_\_\_\_

**Thank You for Your Participation**

**Disclaimer:** Positions filled as openings on the council occur.

Revised February 2023