



## 2025-2027 Membership Application

If you are interested in serving on the Aging Adult Dependent Care Committee (AADCC), please complete the fillable form below and e-mail this membership application with your supervisor's signature of concurrence to:

Susan Borst, Child and Family Program Manager, Division of Amenities and Transportation Services (DATS), Office of Research Services (ORS), [susan.borst@nih.gov](mailto:susan.borst@nih.gov)

**Name:** \_\_\_\_\_ **Title (select one):** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Institute/Branch/Section:** \_\_\_\_\_

**Office Telephone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**NIH Mailing Address:** \_\_\_\_\_

**Tell us about yourself (brief description of your current duties, past experience, committees on which you serve, other volunteer activities, etc.):**

**Please share your skills, strengths and experiences that will be an asset to the AADCC:**

**Describe why you wish to serve on the AADCC and specify any special concerns and/or interests you have related to Adult Dependent care:**

**Supervisor's Name:** \_\_\_\_\_ **Title (select one):** \_\_\_\_\_

**Supervisor's Position:** \_\_\_\_\_

**Supervisor's NIH Mailing Address:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*All submissions are due no later than November 22, 2024\*\***