

# 19<sup>th</sup> Texas Silver-Haired Legislature

## Candidate Information Form

Print Name: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

\_\_\_\_\_, TX \_\_\_\_\_  
City Zip Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Voter Registration Certificate Number \_\_\_\_\_

Identify the AAA region you will be representing: \_\_\_\_\_

By completing this form, I hereby declare that I am a registered Texas Voter, 60 years of age or older prior to filing for election, a resident of \_\_\_\_\_ Area Agency on Aging.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN TO THE DESIGNATED AREA AGENCY ON AGING  
**BY February 26, 2021**

\_\_\_\_\_  
Area Agency on Aging

Address \_\_\_\_\_

\_\_\_\_\_, TX \_\_\_\_\_  
City Zip code

Phone Number \_\_\_\_\_ Contact person: \_\_\_\_\_

# 19<sup>th</sup> Texas Silver-Haired Legislature

## Hold Harmless Statement

To the \_\_\_\_\_ Area Agency on Aging, and the \_\_\_\_\_ Council of Governments by \_\_\_\_\_, candidate or member of Texas Silver-Haired Legislature (TSHL)

I, \_\_\_\_\_, as a Candidate for election or appointment to the TSHL do hereby make the following statement:

In conjunction with my participation as a member of the TSHL in TSHL activities, including TSHL elections, and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless \_\_\_\_\_ Area Agency on Aging and the

\_\_\_\_\_ Council of Governments, their directors, managers, staff, agents, and volunteers and assigns from and against any and all claims brought by me arising out of or resulting from my participation in TSHL activities, including elections, unless such claim or claims arise out of the sole negligence or willful misconduct of \_\_\_\_\_ Area Agency on Aging and/or the \_\_\_\_\_ Council of Governments or their representatives, agents, or servants. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees.

I affirm that I voluntarily make this statement without mental reservation, duress, or any consideration or benefit that may accrue to me as a member of the Texas Silver-Haired Legislature both present and future. (Amended November 20, 2006)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

Before me, a notary public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document, and being by me first duly sworn, declared that the statements contained therein are true and correct.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_. A.D. \_\_\_\_\_

\_\_\_\_\_  
Notary Public (Or AAA Director)

My commission expires \_\_\_\_\_

File signed original with local AAA; send copy of signed original to Pat Gleason-Wynn, Chair Election and Credentials Committee, [tshlpatgleason@gmail.com](mailto:tshlpatgleason@gmail.com)

# 19<sup>th</sup> Texas Silver-Haired Legislature

## Code of Conduct Statement

To the TSHL Secretary, and copy to the Director, of \_\_\_\_\_ Area Agency on Aging, Submitted by a prospective member of the Texas Silver-Haired Legislature (TSHL): I, \_\_\_\_\_, as a candidate for election or appointment to the TSHL do hereby make the following statement:

I, as a Texas Silver-Haired Legislator, dedicate myself to carrying out the mission of TSHL, and do hereby obligate myself to the highest standards of dignified behavior, precluding any conduct which embarrasses, offends or abuses others, especially in committee hearings, business meetings, during TSHL sessions, at public forums, or any other occasion where I represent TSHL.

Further, I pledge to do the following:

1. Recognize that, at all times, the chief function of the TSHL is to serve the best interests of older Texans and to be their non-partisan advocate to the Texas Legislature.
2. Understand TSHL is non-partisan, and I will not use my status as a TSHL member in any partisan activities.
3. Accept as a personal duty the responsibility to keep up to date on emerging issues and to stay informed as a resource person to my constituents.
4. Uphold the Bylaws and Procedures as adopted by the TSHL membership and to consciously work for the "good of the order."
5. Respect the structure and responsibilities of the Executive Committee and provide them with facts and advice as a basis for their making policy decisions.
6. Conduct TSHL operational duties with positive leadership as exemplified by open communication and a willingness to listen and to speak in moderation as diverse opinions are being expressed.
7. Observe professional standards both in form and content for all public communications, including email, never demeaning others.
8. Demonstrate the highest standards of personal integrity, truthfulness, and courtesy in all TSHL activities so as to inspire the public's confidence and trust.
9. Avoid any interest or activity that is in conflict with the conduct of my official duties.
10. Respect and protect privileged information to which I have access in the course of my official duties.
11. Encourage the professional development of all TSHL members.

Signature \_\_\_\_\_

Name (Printed) \_\_\_\_\_

STATE OF TEXAS, COUNTY OF \_\_\_\_\_

Before me, Director of a Texas Area Agency on Aging Office, or a notary public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document, and being by me first duly sworn, declared that the statements contained herein are true and correct.

Given under my hand and official capacity this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public or AAA Director \_\_\_\_\_

My commission expires \_\_\_\_\_

Original: Local AAA, Copy to Pat Gleason-Wynn, Chair, E & C Committee, tshlpatgleason@gmail.com

# 19<sup>th</sup> Texas Silver-Haired Legislature

## Official Candidate Petition

STATEMENT OF CERTIFICATION: I, the undersigned, hereby declare my intention of running for the Texas Silver-Haired Legislature. I further certify that I am a registered Texas voter, 60 years of age or older at time of signing, and a resident of the \_\_\_\_\_ Area on Aging Region. My Texas Voter Registration Number is \_\_\_\_\_. This petition is required of new candidates only.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

I, the undersigned, do hereby declare that I am a registered Texas Voter, 60 years of age or older at time of signing, and a resident of the region served by the \_\_\_\_\_ Area Agency on Aging.

SIGNATURE	NAME (PRINTED)	PERMANENT ADDRESS
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Please Return Official Candidate Petition to designated Area Agency on Aging by **February 26, 2021**