



## ADVISORY COUNCIL MEMBER APPLICATION

Representative of/Appointed by:

Date Appointment begins<sup>1</sup>                      July 1<sup>st</sup>, 20\_\_\_\_

Name:

Address:

City, State, Zip:

Phone #:

E-mail<sup>2</sup>:

Age:

Please describe your interest in aging issues:

Please describe your work, educational, or volunteer experience in the aging field (if applicable, not required):

**Authorized Signature of Appointing Body:** \_\_\_\_\_

<sup>1</sup> Appointments are for 3 years, each year from July 1- June 30. A one-time renewal is available at the discretion of the appointing agency.

<sup>2</sup> Minutes, agendas, and other information will be e-mailed whenever possible to save paper. Otherwise, you will receive them in the mail.



**Representative Name:**

**Representative Title:**

## **OTHER INFORMATION**

### Interest

Appointees should have an interest in aging issues and willingness to work to find solutions to alleviate the problems of older adults in Santa Clara County.

### Appointments by the Board of Supervisors and Cities Only

Appointees from these organizations must be over age 60 and reside in that supervisorial district/city. These requirements may be waived at the request of the appointing organization with justification, subject to approval.

### Job Description

Please see the Advisory Council Member Job Description for more information on Member duties and responsibilities.