

previously Council on Aging Silicon Valley

Attachment C

ADMSORY COUNCIL MEMBER APPLICATION

Representative of/Appointed by:	
Date Appointment begins ¹	July 1 st , 20
Name:	
Address:	
City, State, Zip:	
Phone #:	
E-mail ² :	
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: _____

¹ 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.

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



previously Council on Aging Silicon Valley

Attachment C

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.