

ADVISORY COUNCIL MEMBER APPLICATION

Representative of or Appointed by:		_ Date term begins ¹ July 1 st , 2021	
Name:			
Address:			
Phone #:	(City) _ E-mail ² :	(State)	(Zip Code)
Age:	Ethnicity/Race:		
Please describe your interest in aging	issues and the Adviso	ory Council Memb	ership.
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Please describe your work, education	, or experience relevai	nt to the aging por	oulation.

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.

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OTHER INFORMATION

Interest:

Candidates should have an interest in aging issues and willingness to work to help identify ways to alleviate the problematic issues faced by 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.

Appointees:	Non Appointed Candidate:	
Signature of Representative/Title	Printed Name	
Signature of Appointing Body	Signature	