

## ADVISORY COUNCIL MEMBER APPLICATION

Representative of or Appointed by: Cotys Date term begins July 1st, 20 1
Name: Orall Anne Osmer
Address: 3300 Narvaez De Sp132 San Jose CA 95136 (Zip Code)
Phone #:408-266-2424 E-mail <sup>2</sup> : gaosmer 1 cho Lwail.com
Age: 74 Ethnicity/Race: White
Please describe your interest in aging issues and the Advisory Council Membership.  One of My Main where for Seniors is Advocationa for them to age in state, to their new their own home. Here advoice for them selves I think it is so important to be involve with issues relating to Seniors.  Now our hegislation in Sacramento.
Please describe your work, education, or experience relevant to the aging population.
2 am a S. C.C. Senior Care Commission Since 2013. For two
Jans I was the Chair & help Start our ADS-Adult Day Service for low-income Seniors going to Day Care, It took 3-4415 and our Cammission was awarded funde Stry the Board of
\$750 to run hogiogram I am also involves withour
Sonion Un Nouses Community advocating for housing for housing
Le digital Inclusion"
The Mark The Control of the Control

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> Minutes, agendas, and other information will be e-mailed.

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OTHER INFORMATION	
Interest:	
Candidates should have an interest in agin ways to alleviate the problematic issues factors.	ng issues and willingness to work to help identify ced by older adults in Santa Clara County.
Appointments by the Board of Supervis	sors and Cities Only:
	be over age 60 and reside in that supervisorial vaived at the request of the appointing organization
Job Description:	
Please see the Advisory Council Member duties and responsibilities.	Job Description for more information on Member
Appointees:	Non Appointed Candidate:
grilline Dsmcz	
\$ignature of Representative/Title	Printed Name
Signature of Appointing Body	Signature