Advisory Council Member Application

Representative of and Appointed by: SCC Cities Association. Date term begins**[[1]](#footnote-1)** July 1st, 2021

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(City) (State) (Zip Code)**

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail[[2]](#footnote-2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your interest in aging issues and the Advisory Council Membership.

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Please describe your work, education, or experience relevant to the aging population.

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Advisory Council Member Application

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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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Representative Printed Name

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Signature of Appointing Body Title

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. [↑](#footnote-ref-1)
2. Minutes, agendas, and other information will be e-mailed. [↑](#footnote-ref-2)