



**VENTURA COUNTY AREA
AGENCY ON AGING**

ADVISORY COUNCIL APPLICATION

APPLICATION FOR WHICH SEAT:

- Supervisorial Representative – Unincorporated Areas
 Service Provider

APPLICANT _____

ADDRESS: _____ PHONE: _____

_____ FAX: _____

1. Applicant is: (a) under 60 years of age (b) over 60

2. Occupation/Title _____

3. Your Employer _____

4. Your Email Address: _____

5. Applicant: Yes No

(a) is a member of a minority race

(c) is able and willing to attend and participate in regular
Advisory Council and Committee meetings.

(d) is capable of communicating opinions as a representative
of the community you are applying to represent.

6. Summarize your qualifications for appointment (i.e. education, training, employment, experiences, licenses, etc):

7. Please briefly describe why you wish to serve on the Advisory Council:

8. Community Involvement/Activities:

9. Special Interests:

10. **Applicant's Declaration and Signature**

I certify under penalty of perjury under the laws of the State of California that all the information on this form is true and correct.

Signature

Date