



COUNTY of VENTURA

Human Services Agency
Area Agency on Aging

ADVISORY COUNCIL APPLICATION

Please complete this two-page application in its entirety and return to Alisa Sanchez at alisa.sanchez@ventura.org or to her attention at VCAAA, 855 Partridge Dr., Ventura, CA, 93003.

APPLICATION FOR WHICH SEAT:

☐

Service Provider for Older Adults & People With Disabilities

☐

Focused Population: Veterans

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

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

2. Occupation/title: _____

3. Your employer: _____

4. Applicant: Yes No

(a) identifies as part of a marginalized racial or ethnic group. ☐ ☐

(b) is able and willing to regularly attend and participate in Advisory Council and Committee meetings. ☐ ☐

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

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

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

7. List any community involvement/activities:

8. List any other special interests:

9. 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