



# VENTURA COUNTY AREA AGENCY ON AGING

## ADVISORY COUNCIL APPLICATION

### APPLICATION FOR WHICH SEAT:

- Veterans
- Service Provider
- Board of Supervisors – Unincorporated Area
- California Senior Legislature – Senator Seat A\*
- California Senior Legislature – Assembly member Seat B\*
- California Senior Legislature – Assembly member Seat C\*

*\* Must fill out Application for CSL Candidacy Packet*

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:



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8. Community Involvement/Activities:

9. Special Interests:

10. Have you ever been convicted of violating any federal, state, county or municipal law, regulation or ordinance, excluding minor traffic violations?  Yes  No If yes, explain:

**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