

Application for Office on Aging Advisory Council

Full Name: _____

Home Address: _____

Phone: _____ Email: _____

Length of Residence in Larimer County (years): _____

Current Employer and Occupation: _____

Prior Work Experience: _____

Relatable Volunteer Work (current and past): _____

1. Have you served on a city or county board or commission? If so, please specify which one(s) and when. _____

2. Are you able to participate in the regular council meeting and other committee meetings as needed during regular business hours (Yes/No)? _____

3. Why do you want to be a member of this advisory board? _____

4. List any abilities, skills, specialized training, or experience you bring that apply to this board not already listed above. _____

I verify that the information provided in this document is true and accurate.

Signature

Date

