



ADVISORY COUNCIL APPLICATION

Please complete this application in its entirety and return to Jannette.Jauregui@ventura.org.

APPLICATION FOR WHICH SEAT:

- Service Provider for Older Adults & People with Disabilities
 Veterans Representative

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). If applying for the Veterans Representative position, please indicate whether or not you are a military veteran.:

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