

AREA 3 SENIOR SERVICES AGENCY ADVISORY COUNCIL APPLICATION

IDENTIFY RESIDING COUNTY:

Ada County
 Adams County
 Boise County
 Canyon County
 Elmore County

Gem County
 Owyhee County
 Payette County
 Valley County
 Washington County

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 able and willing to attend and participate in regular
 Advisory Council and Committee meetings. ☐ ☐

(b) 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. 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 Idaho that all the information on this form is true and correct.

Signature

Date