

ADVISORY COUNCIL MEMBER APPLICATION

presentative of or Appointed by:City of Cupertin 23		ertino	ino Date term begins¹ July 1 st ,	
Name:	Age:	Ethnicity/Ra	ice:	
Address:				
			(City)	(Zip Code)
Phone #:	E-mail ² : _			
Please describe your interest in aging Council. ³	or disability issu	es and in bein	g a member c	of the Advisory
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Please describe your work, education, disabilities.	, or experience r	elevant to olde	r adults or inc	lividuals with

¹ Appointments are for 3 years; each year runs from July 1 - June 30. A one-time renewal is available at the discretion of the appointing agency and the Advisory Council.

² Minutes, agendas, and other information will be e-mailed.

³ Candidates should have an interest in aging or disability issues and a willingness to help identify ways to address the needs of older adults or individuals with disabilities in Santa Clara County. Serving all adults in Santa Clara County 3100 De La Cruz Blvd, Suite 310

SOURCE WISE COMMUNITY RESOURCE SOLUTIONS	
organization (described in footnote 4).	mn for a candidate appointed by a government body or lumn for a community candidate (described in footnote 5). Signature for Community Candidate ⁵
Name of Appointee	Name of Community Candidate
Signature of Appointee	Signature of Community Candidate and Date
Name of Representative of Appointing Body	
Signature of Representative of Appointing Body and Date	-

⁴ Appointment by City, District Supervisor, SCC Health or Nutrition, California Senior Legislature, Cities Association of SCC, or Federation of Retired Union Members.

⁵ A community candidate representing the African American, Asian American, Disabilities, Family Caregiver, Hispanic/Latino(a), LGBTQ+, or Native American community.

⁶ An appointee from a city or supervisor district must be age 60 or over and reside in that district or city. These requirements may be waived at the request of the appointing body with justification, subject to approval by the Membership Committee.