

SIMI VALLEY SENIOR CITIZENS CENTER
3900 Avenida Simi
Simi Valley, California 93063
(805) 583-6363
(805) 583-7921 Fax

Application for the Ventura County
Area Agency on Aging Advisory Council

Name Address

Home phone Cell phone

Email

1. What contributions do you think you can make to the VCAAA Advisory Council?

2. What do you see as your responsibilities if appointed as a representative to the VCAAA Advisory Council?

3. Please list any community activities you are involved in.

PLEASE SEE REVERSE SIDE OF THIS FORM

4. Are you committed to attending the monthly VCAAA Advisory Council meetings and occasional committee meetings in Ventura and then attend the Simi Valley COA monthly meetings to report back to the members?

Yes _____ No _____

5. Why do you think the VCAAA Advisory Council is important?

6. Please add any other information you would like considered.

I certify that I am at least 60 years of age and that I reside in Simi Valley.

I understand that if selected and appointed as a representative to the Area Agency on Aging Advisory Council, I will serve as a volunteer and at the pleasure of the Simi Valley City Council. As a volunteer, I understand that I am not covered by the City's insurance policy and further that the City's liability does not encompass volunteers.

Signature

Date

**APPLICATIONS ARE DUE TO THE SIMI VALLEY SENIOR CENTER
FRONT DESK BY MONDAY, MAY 2, 2016**

Revised April 2014