

**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**

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Name Address

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Home phone Cell phone

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Email

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

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

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

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**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?

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

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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.

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Signature

Date

**APPLICATIONS ARE DUE TO THE SIMI VALLEY SENIOR CENTER  
FRONT DESK BY MONDAY, MAY 1, 2017**

Revised April 2017