



**Volunteer Application for Appointment to the
KITSAP COUNTY AGING ADVISORY COUNCIL**

The following information will assist us in the selection process. Please help us in getting to know you.

Name: _____

Please print

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail _____

Are you employed or self-employed? Yes _____ No _____

Current or past field of employment and employer _____

Why are you applying for this appointment? _____

Have you served on any other Kitsap County board, commission, committee, council or task force? If yes, please list:

What are your community interests (committees, organizations, special activities)? _____

References:

	Name	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please return this completed form to:

**Jan Koske, Kitsap County Volunteer Services, 614 Division Street MS7, Port Orchard, WA 98366
(360) 337-4650, Email jkoske@co.kitsap.wa.us**

Kitsap County provides equal opportunities for appointment to advisory boards and councils.

KITSAP COUNTY AREA AGENCY ON AGING ADVISORY COUNCIL APPLICATION

My County Commissioner is: _____

I am under age 60 _____ **I am 60 years of age or older** _____ **I am over age 75** _____

Race: Caucasian Asian Pacific Islander Hispanic Black Native American Other

Disability (if any) _____

Income Status	Income above \$816 per month	Yes	_____	No	_____
	Income above \$1100 per month	Yes	_____	No	_____

If over 60, programs or services for persons 60 or over in which you have participated:

Please describe any personal experience with older and/or disabled persons:

Please list any other special qualities or skills you would bring to the council:

I understand the member responsibilities and am aware that this appointment will entail 2 to 6 hours per month of active involvement in Council meetings and committee activities.

_____ Date _____ Signature of Applicant

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