

## **ADVISORY COUNCIL MEMBERSHIP APPLICATION**

1.	Name:					
		First		Middle	Last	
2.	Address:	Number		Street		
		Number		Olicci		
		City		State	Zip	
3.	Telephone	e Numbers: H	ome:		Work:	
		F	ax:		Cell:	
4.	Current E	mployer:				
	Address:					
	, , , , , , , , , , , , , , , , , , , ,	Number		Street		
		City		State		
5.	Date of Bi	rth:/	_/		Sex: M F	
6.	Will you be able to commit the time necessary to carry out the duties of a member of the					
	Advisory (	Jouncii?	Ye	sNo		
7.	Are you w	villing to serve	on at least o	ne Advisory Coui	ncil committee?	
			Ye:	sNo		
8.	What is your educational background?					

9. List Organizations and Clubs of which you are a member.				
10. List areas of special interest (e.g.	housing, transportation, mental health).			
11. Check one of the following (option				
-	African American			
-	Asian/Pacific Islander			
	Japanese			
-	Chinese			
-	Filipino			
-	Samoan			
-	Korean			
-	Other			
-	Caucasian			
-	Latino/Hispanic			
-	Central American			
	Mexican American			
<u>-</u>	Other			
_	Native American			
_	Other			
Signature of Applicant	Date			

Return to:

Bridget Badasow Department of Aging and Adult Services 1650 Mission Street, 5<sup>th</sup> Floor San Francisco, CA 94103 (415) 355-3509