

BOARD/COUNCIL APPLICATION FORM
Snohomish County Council on Aging



APPLICATION DEADLINE: FRIDAY, SEPTEMBER 16, 2011

OFFICE USE ONLY:

County Council District: _____ Legislative District: _____



New Member

Re-Appointment

Term Begins: January 1, 2012

PERSONAL INFORMATION

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: () _____ Cell Phone: () _____

Home email: _____

Mailing Address (if different): _____

Where do you prefer to receive your email - home or work? _____

PROFESSIONAL EXPERIENCE

CURRENT EMPLOYMENT: _____ Title: _____

Address: _____ Phone: _____

Work Phone: () _____ Work email: _____

Employed from: _____ to: _____ Type of Work: _____

Duties Performed: _____

PREVIOUS EMPLOYER: _____ Title: _____

Employed from: _____ to: _____ Type of Work: _____

Duties Performed: _____

PREVIOUS EMPLOYER: _____ Title: _____

Employed from: _____ to: _____ Type of Work: _____

Duties Performed: _____

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EDUCATIONAL BACKGROUND

Community college attended: _____ location: _____

Technical/trade school: _____ location: _____

College (undergrad): _____ location: _____

Number of years attended: _____ degree(s) earned: _____

College (post grad): _____ location: _____

Number of years attended: _____ degree(s) earned: _____

Other professional certificates or licenses earned: _____

Professional classes or workshops taken: _____

Personal enrichment classes taken: _____

BOARD SERVICE

Please list all other boards/commissions/councils on which you currently serve:

1. _____

2. _____

3. _____

PLEASE NOTE: The current bylaws of the Snohomish County Council on Aging state: "Employees and members of a governing board(s) of an organization(s) or agencies currently receiving funds from the Division of Long Term Care & Aging shall not serve on the Council."

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VOLUNTEER INVOLVEMENT

Please list your current and past volunteer involvement, and note if you were an officer or held a position of authority.

1. _____
2. _____
3. _____
4. _____

**IMPORTANT:
TIME COMMITMENT AND ATTENDANCE REQUIREMENTS**

1. Applicants must be willing and able to commit an estimated minimum of eight hours a month to Council on Aging meetings and activities.
2. If you are employed, your work schedule must allow you to commit the time to regularly attend the monthly council meetings *and* at least one additional monthly committee meeting. All meetings are held during business hours.
3. Are you a snowbird? Members should be available all year. Exceptions are made for elected officials who must be in Olympia a portion of the year.

Having read and considered the expectations above, do you feel confident you can devote the time and energy to fully serve on the Council on Aging? _____

EXPECTATIONS OF ALL COUNCIL ON AGING MEMBERS

1. A willingness and commitment to get to know the organization and the environment in which it operates.
2. Regular attendance at meetings.
3. Sufficient preparation for meetings.
4. Full participation in Council on Aging responsibilities.
5. A commitment to teamwork and respectful attitudes towards fellow board members and all county staff.
6. A commitment to the work identified in the Snohomish County Area Plan on Aging.
7. A willingness and commitment to get to know the organization and the environment in which it operates.

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What would you like accomplish as a result of your participation on the Council on Aging?

In order to know you better, what are some of your hobbies and what do you like to do for enjoyment? _____

Reasons for serving/other comments: _____

It is the policy of the Snohomish County Council on Aging that persons shall not be discriminated against membership on the Council because of race, color, national origin, creed, religion, sex, age, marital status, sexual orientation or disability. The Council on Aging actively encourages members of diverse communities to apply.

The Council on Aging values diversity and will reasonably assist participants who are disabled. Please tell us what accommodations you need to fully participate on the Council: _____

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The Council on Aging is required to include in its membership a specified ratio of persons age 60 and over and persons under age 60. The Council is also required to ensure adequate representation of racial and ethnic minority populations. Your answers to the following questions will assist us in creating a more representative Council membership.

Please check one: Age 60 or over: _____ Under 60: _____

Are you (please check as many as apply):

- | | |
|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Caucasian _____ | <input type="checkbox"/> Asian/Pacific Islander _____ |
| <input type="checkbox"/> African American _____ | <input type="checkbox"/> Native American _____ |
| <input type="checkbox"/> Hispanic _____ | |
| <input type="checkbox"/> Other (please specify) _____ | |

How did you hear about the Council on Aging?

- Newspaper (please name): _____
- Agency (please name): _____
- Senior center (center name): _____
- Place of worship _____
- COA member (member's name): _____
- Internet: _____
- Other: _____

PLEASE MAIL COMPLETED APPLICATION TO:

Joyce Frasu, Program Assistant
Snohomish County Human Services Department
Aging & Disabilities Services Division
3000 Rockefeller Avenue, M/S 305
Everett, WA 98201
j.frasu@snoco.org

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- Program Manager, Susie Starrfield, s.starrfield@snoco.org
- Director, Human Services Department, Ken Stark, kenneth.stark@snoco.org
- Snohomish County Executive Aaron Reardon, county.executive@snoco.org