

CITY OF MANHATTAN BEACH
SENIOR ADVISORY COMMITTEE APPLICATION

*(If there is further information to be considered,
please attach an additional sheet and/or resume.)*

Name: _____
 First M.I. Last

Address: _____
 Street City

 State Zip Code

E-mail address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Education/ Degrees etc... _____

Are you 55 or over? _____ If no, are you 18 or over? _____

How did you hear about the Senior Advisory Committee? _____

1. Explain your interest, qualifications and experience in relation to older adults.

2. Describe your involvement/participation with community organizations.

3. List three issues that you think are the most important facing older adults in our community. _____

4. Are you employed or otherwise involved in any activity that may pose a potential conflict of interest with the Senior Advisory Committee? Please explain:

5. List the names, phone numbers and/or email addresses of three references.

Name	Phone number and/or email address	Relationship
1. _____		
2. _____		
3. _____		

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell/ Work Phone: _____

Physician's Name: _____ Phone: _____

Any medical history that we should be aware of in case of emergency? (allergies, medications, etc.) _____

Signature: _____ Date: _____