

Advisory Council on Aging and Disability Services

Creating choices for elders and adults with disabilities in Seattle-King County

Mailing Address: PO Box 34215, Seattle, WA 98124-4215
Office Address: Seattle Municipal Tower, 700 5th Ave, 51st Floor
Tel: 206-684-0660 TTY: 206-684-0274 FAX: 206-684-0689
www.adsadvisorycouncil.org

VOLUNTEER RECRUITMENT APPLICATION

Please fill out the application, attach a resume & cover letter then return to the address below:

Advisory Council on Aging & Disability Services
Gigi Meinig
P. O. Box 34215, Seattle, WA 98124-4215
Email: gigi.meinig@seattle.gov
Phone: 206-684-0652

NAME:

HOME ADDRESS, INCLUDING DOUBLE ZIP CODE:

WORK ADDRESS, INCLUDING DOUBLE ZIP CODE:

PHONE:

PHONE:

SEND MAIL TO:

My Home Address

My Work Address

Email: _____ Fax: _____

RACE/ETHNIC BACKGROUND

In our efforts to have the Advisory Council composition reflect the profile of the population served, please provide ethnicity and age information

- African American
 Asian/Pacific Islander
 Caucasian

- Hispanic
 Native American
 Other (specify)

AGE

- 18 - 25 45 - 54 65 - 74 85 and over
 25 - 44 55 - 64 75 - 84

MEMBERSHIP IN OTHER ORGANIZATIONS/BOARDS/COUNCILS

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

In association with the Area Agency on Aging for Seattle-King County and sponsored by:

Co-sponsored by:



City of Seattle



United Way of King County



King County

QUALIFICATIONS/ BACKGROUND

Please summarize your qualifications and reasons why you wish to be appointed to the Council. Include any information about your experience with seniors and/or people with disabilities. (Use extra pages if needed)

ACCOMMODATIONS

Are there any accommodations we should be aware of that would assist in your participation on the Advisory Council?

REFERENCES: Please provide three (3) references

	Name	Relationship	Phone Number
1			
2			
3			

SIGNATURE _____

DATE _____