



SE WA Aging and Long Term Care  
 Council of Governments  
 PO BOX 8349, YAKIMA WA 98908  
 Phone: (509) 965-0105  
 Toll Free: 1 (877) 965-2582

**APPLICATION**  
**SE WA ALTC COUNCIL OF GOVERNMENTS**  
**ADVISORY COUNCIL**

Name \_\_\_\_\_ DOB: (Voluntary) Month / Day / Year (Optional) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work / Cell Phone (Please Specify) \_\_\_\_\_ Email Address \_\_\_\_\_

Business/Professional Occupation \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area(s) of community service(s) in which you are interested. \_\_\_\_\_

**COMPLIANCE REQUIREMENT OF FEDERAL REGISTER VOL. 45, NO. 63 COMPOSITION OF THE COUNCIL (Check One)**

Age 59 or under                       Age 60 or over

**RACE/ETHNICITY (Check one)**

Caucasian                       African American                       Hispanic  
 Native American                       Asian                       Other: \_\_\_\_\_  
Please Specify

Are you currently a participant of ALTC Services?     No                       Yes

**Education:** (High School, Name/Location of College or University, Degree)

**Previous Work History:** (Job Title, Employer)

**APPLICATION**  
**SE WA ALTC COUNCIL OF GOVERNMENTS**  
**ADVISORY COUNCIL**

Please list any Advisory Councils, Boards/Commissions you previously served on or currently serve on.

Please List Any Training or Experience You Have That Would Be Beneficial to Serving On the Advisory Council.

Why Are You Interested In Serving on the SE WA ALTC Advisory Council?

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***I AM AVAILABLE TO ACCEPT AN APPOINTMENT TO THE SE WA AGING AND LONG TERM CARE ADVISORY COUNCIL FOR A TERM NOT TO EXCEED THREE YEARS.***

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Signature

Date

***Please scan & return via  
email :SEWAALTCEmployment@dshs.wa.gov or mail to:  
SE WA ALTC COG  
Attn: Clerk of the Board  
P.O. Box 8349  
Yakima, WA 98908***