



**SE WA AGING AND LONG TERM COUNCIL OF GOVERNMENTS  
ADVISORY COUNCIL APPLICATION**

**APPLICANT INFORMATION**

Full Name/DOB:
Address:
City:
State:
Zip Code
Phone:
Email:
Occupation:

Community Service Area of Interest:	
Are you currently a participant of ALTC Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**COMPLIANCE REQUIREMENTS**

(Federal Register Vol. 45 No. 63 Composition of Council)

Age 59 or under <input type="checkbox"/>	Age 60 or over <input type="checkbox"/>
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**RACE/ETHNICITY**

Caucasian <input type="checkbox"/>	African American <input type="checkbox"/>	Hispanic <input type="checkbox"/>
Native American <input type="checkbox"/>	Asian <input type="checkbox"/>	Other/Please Specify <input type="checkbox"/>

**EDUCATION**

School Name:	
Location:	
Degree Earned:	

School Name:	
Location:	
Degree Earned:	

**WORK HISTORY**

Employer:	
Job Title:	

Employer:	
Job Title:	

**ADVISORY COUNCIL/BOARDS COMMISSION'S (CURRENTLY/PREVIOUSLY SERVED)**


**TRAINING/EXPERIENCE BENEFICIAL TO SERVING ON THE ADVSORY COUNCIL**


**WHY ARE YOU INTERESTED IN SERVING ON THE SE WA ALTC ADVISORY COUNCIL?**


*I am available to accept an appointment to the SE WA Aging and Long Term Care Advisory Council (Not to exceed 3 years)*

Signature:

Date:

Scan and Return Via Email to:  
Kris Hartman  
Kristina.Hartman@dshs.wa.gov

Or by Mail:  
SE WA ALTC COG  
Attn: Clerk of the Board  
PO BOX 8340  
Yakima WA 98908