



Southeast Washington ALTC Council of Governments

**SE WA Aging & Long Term Care Council of Governments
Advisory Council Application**

APPLICANT INFORMATION		
Name:	_____	
Phone:	_____	Date of Birth: _____
Email:	_____	
Address:	_____	
	<i>Street</i>	<i>Suite/Apt</i>
	_____	_____
	<i>City</i>	<i>State</i> <i>Zip</i>
Community Service Area of Interest: 		
Are you currently a participant of ALTC Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		

COMPLIANCE REQUIREMENTS	
(Federal Register Vol. 45 No. 63 Composition of Council)	
<input type="checkbox"/> Age 59 or under	<input type="checkbox"/> Age 60 or Over

RACE/ETHNICITY		
<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
If other, please specify: _____		

EDUCATION	
School name:	_____
Location:	_____
Degree Earned:	_____ Major: _____

School name:	_____
Location:	_____
Degree Earned:	_____ Major _____

WORK HISTORY

Employer: _____

Job Title: _____

Employer: _____

Job Title: _____

ADVISORY COUNCIL, BOARDS, COMMISSIONS EXPERIENCE *(current or previously served)*

TRAINING & EXPERIENCE BENEFICIAL TO SERVING ON THE ADVISORY 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 & Long Term Care Advisory Council
(not to exceed 3 years)*

Signature

Date

Please return this application to ALTC by:

Scan and Email to:

ALTCAdvisoryCouncil@dshs.wa.gov

OR

Mail to:

SE WA ALTC COG
Attn: Clerk of the Board
PO BOX 8349
Yakima, WA, 98908