APPLICATION FOR CITY OF BENICIA REPRESENTATIVE FOR SENIOR COALITION OF SOLANO COUNTY

The Coalition is an Advisory Board to the Solano County Board of Supervisors

NAME: _____

STREET ADDRESS:_____

CITY:_____ STATE:_____ POSTAL CODE:_____

PHONE NUMBER:_____

EMAIL:_____

MEMBERSHIPS IN OTHER ORGANIZATIONS (list names and time frames):

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR EMPLOYMENT & EDUCATIONAL HISTORY (Resume may be attached):

AS THE CITY REPRESENTATIVE OF THE SENIOR COALITION, WHAT MIGHT YOU HOPE TO ACHIEVE:

WHAT CAN YOU CONTRIBUTE TO HELP THE SENIOR COALITION FULFILL ITS MISSION AND GOALS:

APPLICANT SIGNATURE:_____ DATE:_____