



Planning and Management Council
Aging and Long Term Care of Eastern Washington
1222 North Post Street
Spokane, WA 99201
(509) 458-2509

VOLUNTEER APPLICATION

The purpose of this form is to provide the Agency with information about you that will assist our Nominating Committee in their selection process.

Please print or type the following information:

Name _____

Address _____

City _____ County _____ Zip Code: _____

Home Phone: (____) _____ Cell phone: (____) _____

E-mail Address: _____ WA State Legislative District _____

Age: Over 60 _____ Under 60 _____ Race/Ethnic Origin (optional) _____

What is your present/past work experience? _____

Why are you interested in becoming a member of the Planning and Management Council?

What would you say are the emerging issues facing seniors and other persons in need of Long Term Care? _____

What do you see as the role of the public and private sector in providing Long Term Care?

As a volunteer, what role(s) would you like to perform on the Planning and Management Council?

Advocacy Public Speaking Advise on Policy Development Planning

Oversight of contracted services and allocation of funds Other _____

**Aging and Long Term Care of Eastern Washington
1222 North Post Street
Spokane, Washington 99201**

Please contact Aging and Long Term Care of Eastern Washington for additional information:
Phone: (509) 458-2509 ♦ E-mail: action@altcew.org; ♦ Website: www.altcew.org

Please list organizations or groups of which you are a member.

- 1) _____
- 2) _____
- 3) _____

How much of a time commitment are you willing to make weekly or monthly as a volunteer? (8 hours a month is the minimum requirement) _____

Optional: One of our outreach efforts is to better educate the various religious communities about community resources for seniors and their family caregivers. Do you belong to a religious community (i.e., church, synogogue, mosque, temple, ashram, etc.)? If you answer “Yes”, would you be willing to help facilitate a meeting with the leadership of that community? **Yes** **No**

References: (Please list three)

- 1) _____ Telephone (____) _____
- 2) _____ Telephone (____) _____
- 3) _____ Telephone (____) _____