

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:	<u>:</u>
Home Phone: ()		Cell pl	none: ()	
E-mail Address:		W	A State Legislative	District
Age: Over 60	Under 60	Race/Ethnic O	rigin (optional)	
What is your present/p	past work experience?_			
Why are you interested	in becoming a member of			
•	are the emerging issues	•	other persons in nee	d of Long Term
What do you see as th	e role of the public and	private sector in pro	oviding Long Term	Care?
	role(s) would you like to	•		
Č	•	Advise on Policy I	-	Planning O
Oversight of contrac	ted services and alloca	tion of funds \circ	Other O	

Return Address	Postage
1222 No	and Long Term Care of Eastern Washington orth Post Street e, Washington 99201
	Term Care of Eastern Washington for additional information: E-mail: action@altcew.org; ♦ Website: www.altcew.org
ease list organizations or groups of	which you are a member.
	e you willing to make weekly or monthly as a volunteer? (8 hours a month
eferences: (Please list three)	
	Telephone_()
	Telephone_()
	Telephone_()
ptional: One of our outreach effor	rts is to better educate the various religious communities about community
esources for seniors and their family ynagogue, mosque, temple, ashram	y caregivers. Do you belong to a religious community (i.e., church, etc.)? If you answer "Yes", would you be willing to help facilitate a community? Please circle one: Yes No