APPLICATION

City of Calumet City

Senior Citizen Advisory Committee Member

Mission: *The Senior Citizen Advisory Committee makes recommendations to the City of Calumet City administration regarding the specific needs of senior citizens - including programs and services that specifically serve the senior community - as well as identify public information relative to senior programs & opportunities.*

Date: _____

Name: _____

Complete Address:_____

Home Phone Number: (_____)_____ Cell Phone Number: (_____)_____

Email Address: _____

Qualifications to become a member of the *Senior Citizen Advisory Committee* include: you must be 62 years of age and older; and live within the corporate boundaries of the City of Calumet City. Age and resident verifications will be required.

Are you 62 years of age or older? _____ Yes _____No

Are you bi-lingual? _____ Yes _____No If yes, which languages?_____

How many years of experience do you have serving on Boards and/or Committees? _____

Do you have a valid driver's license? *(not required*) _____Yes _____No

Check all that apply *(industries for which you currently work or worked in the past):*

___Education ___Public Administration ___Service ___Non-Profit ___Public Safety
___Industrial ___Retail ___Office Administration Other_____

Emergency Contacts:

_____	(_____)_____	_____
Name	Phone Number	Relationship
_____	(_____)_____	_____
Name	Phone Number	Relationship

Applicant's Signature: _____