



CITY OF KIRKLAND



APPLICATION: KIRKLAND SENIOR COUNCIL

Please print or type.

Please place an asterisk by the best method to contact you.

Name _____

Phone - Home _____

Home Address _____

Phone - Work _____

Phone - Cell _____

Date _____

E-mail _____

Do you live, work, or serve the senior population in Kirkland? _____

(If you need more space attach additional sheets)

Background, experience and current occupational status: _____

List any special training and skills you may have that are pertinent to the Kirkland Senior Council. _____

Describe why you are interested in serving on the Kirkland Senior Council. _____

Please state what you consider are key issues currently effecting seniors in the community. _____

Education: _____

Organizational Affiliations: _____

(turn over)

Describe your involvement in the Kirkland community: _____

Signature

**Return application to:
Program Coordinator, Kirkland Senior Council • 352 Kirkland Ave • Kirkland WA 98033**