APPLICATION FOR APPOINTMENT TO A
SAN LUIS OBISPO COUNTY BOARD OF SUPERVISORS
BOARD, COMMISSION OR COMMITTEE.

Date 12-1-10

Applying for appointment to Commission on Aging
(Name of Board, Commission or Committee)

Name Alice York

Address

Business Phone

Home Phone

Fax Phone

E-mail Address

Supervisorial District 2nd district

Years resided in County 15

If retired, Past Occupation/Employer

Elementary Teacher

Education

BS. Un. of ILL.; MS N. Az. U.

List work experience, training, volunteer activities, skills that relate to your qualifications

Volunteer at Sierra Vista - 10yrs - Pres. for 2 years; CASA for 2 years; Sub. with MB Meals on Wheels, Alternate member at large on COA-1yr.; belong to a number of organizations that have mostly seniors as members

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List dates/names of positions you have held on any advisory body or elected office

1 yr. SLO County COA; 4 yrs. board (2 yrs. as Pres.) S.V.R.M.C. volunteer aux.;

List Membership to Organizations

AAUW - M.B., PEO, Bear Valley Quilt Guild

Please explain why you would like to serve in this capacity

I feel very strongly that the senior population needs more support + recognition in our communities. I want to not just volunteer, but to be involved in helping to increase awareness of senior issues.

If appointed, are you willing to participate in the majority of meetings each year, and if necessary, in numerous related meetings or subcommittees?

X YES ___NO _____COMMENTS

If appointed, are you willing, if required, to file a Statement of Disclosure as a Public Official Under the standards of the Fair Political Practice Commission?

X YES ___NO _____COMMENTS

If appointed, do you want to have your address or telephone number(s) published?

___YES ___NO Phone ok, address prefer not COMMENTS

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