



# Community Service Application

FOR MEMBERSHIP ON THE:

**Bellevue Network on Aging**

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

Work Phone # \_\_\_\_\_

\_\_\_\_\_

Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Do you live or work in Bellevue? \_\_\_\_\_

.....  
1. Describe why you are interested in serving in this position. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe your community involvement including leadership positions and organizational affiliations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe any special expertise and/or work experience which would be applicable to the position for which you are applying.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please state what you consider are key issues currently impacting older adults in Bellevue.

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5. How did you hear about this position? \_\_\_\_\_

Appointment to this advisory committee will require your consistent attendance at regularly scheduled meetings.

Are you available for daytime meetings? \_\_\_\_\_



Please return this application by the deadline to:

For further information, please call:

City of Bellevue  
Parks & Community Services Department  
Attn: Daniel Lassiter  
P.O. Box 90012  
Bellevue, WA 98009-9012

(425) 452-7681  
Fax-(425) 882-1968

*Thank you for taking the time to fill out this application. Volunteers play a vital role in the Bellevue government. We appreciate your interest.*