



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? _____

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1. Describe why you are interested in being part of BNOA?. _____

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

3. Describe any special expertise and/or work experience which would be applicable in serving Bellevue older adult population for which you are applying.

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

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
dlassiter@bellevuewa.gov

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