

**TRUMBULL COUNTY SENIOR SERVICES ADVISORY COUNCIL  
MEMBERSHIP APPLICATION**

Name (last, first, middle)		Address (street, city, state, county, zip)
Home Telephone No.	Employer	Employer's Address
Business Telephone No.	Occupation	Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Business

Education	Employment
High School:	
College:	
Post Graduate:	<b>Experience that would support service on the Council:</b>
Other Education/Certifications:	

**Community Affiliations (past or present)**

**Why are you interested in serving as a member of this Council?**

**What is the most important skill you would contribute to the Council?**

**What are the two most important areas deserving of funding?**

I wish to apply for membership on the Council. If any situation occurs which may present a possible or perceived conflict of interest, I will immediately give written notice to the Secretary of the Council and refrain from voting on any matter involving such conflict of interest. If appointed, I understand that all information contained in this application is open to the public and is subject to disclosure under Ohio Statute.

Signature	Date
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**YOUR RESUME IS WELCOME.**