

**APPLICATION FOR APPOINTMENT
TO UNION CITY SENIOR COMMISSION**

NAME: _____
(First) (Middle) (Last)

_____ Home Phone _____
(Address)

Email Address _____

How long have you lived here? _____ Work Phone _____ Cell Phone _____

(Name and Address of Current Employer)

Education & Training: Highest Grade Completed _____

Colleges/Universities/Attended: _____

Major: _____

What is your job title? _____

Please give a brief description of your job responsibilities:

Why do you want to serve on this commission?

What Senior activities are not being provided that you believe should be provided?

How do you propose that Union City be made more aware of current Senior programs?

How would you involve more seniors in activities of the Commission and the community?

Please name five persons you know who live in Union City. Do we have your permission to contact these individuals? Yes _____ No _____

	<u>Name</u>	<u>Address</u>	<u>Daytime Telephone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Signature: _____ Date: _____

ONCE APPLICATION HAS BEEN COMPLETED, PRINT AND MAIL TO:

CITY OF UNION CITY
CITY CLERK'S OFFICE
CITY HALL
34009 ALVARADO NILES ROAD
UNION CITY CA 94587

FOR MORE INFORMATION, CALL 510-675-5348