

EXHIBIT C
COUNTY OF ALAMEDA
ADVISORY COMMITTEE ON IN-HOME SUPPORTIVE SERVICES
APPLICATION FORM

Please be advised that you may be required to file a Form 700 - Statement of Economic Interest.

Name of Applicant: _____

Home Address: _____ City: _____ Zip: _____

Current Employer: _____

Business Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Supervisory District No. _____ E-mail Address: _____

Best time to contact: _____

NOTE: Please check above the address and telephone number you would like listed on the roster if you are appointed. The roster information may be released as a public record.

1. What Advisory Committee position are you applying for? (Please mark all that apply.)

- IHSS Recipient/Consumer: 65 years or older
- IHSS Recipient/Consumer: Under 65 years
- Current/Former IHSS Provider-Family Member provider
- Current/Former IHSS Provider-Non-Family Member provider
- Advocate for Seniors
- Advocate for the Disabled
- Specialist: Legal, Financial, Public Relations, local/state government operations

2. List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

3. What experience or special knowledge can you bring to your area(s) of interest?

4. List community organizations to which you belong:

5. Convictions and Penalties – Have you ever been convicted of a felony? If yes, give dates(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying).

6. List any affiliation you or your spouse has with public service agencies:

7. Are you a current or past consumer of personal care services paid for with public or private funds?

- Yes No Current Past

8. Are you a current or past IHSS Provider?

- Yes No Current Past

9. Do you represent any of the following groups? (Please mark all that apply.)

- Senior Advocate – Organization: _____
- Organized Labor - Union: _____, Local _____
- Health care professional serving low-income disabled or elderly –
License or area of specialty: _____
- Attorney - Practice emphasis/specialization: _____
- Developmentally disabled service representative – Organization: _____
- Independent Living Advocate - Organization: _____
- Licensed Mental Health Provider: _____
- Other community-based organization(s): _____
- Faith Community - Describe: _____
- Business Community - Describe: _____
- Financial Professional - Describe: _____
- Arts Community - Describe: Other (explain): _____

10. Are you able to attend day meetings? Yes No Evening meetings? Yes No

11. How long have you lived or worked in the County of Alameda? _____

12. Describe your current or past community involvement/volunteer work:

13. Why are you seeking this appointment?

14. What special knowledge, skills, talent or experience can you contribute to the Advisory Committee?

15. Can you commit up to two hours per month in preparing for and attending meetings? Yes No

16. Will you need accommodations for:

Travel/Transportation

Meetings

Language - Primary Language: _____

Other: _____

If you checked a box for Number 16, please describe: _____

17. Provide references from an agency, a group, or individuals with whom you have worked or volunteered providing services, expertise, or advocacy for the disabled, senior, or an underserved community. One personal reference is also acceptable.

Reference #1: Name: _____

Agency: _____ Phone number: _____

Reference #2: Name: _____

Agency: _____ Phone number: _____

18. Additional comments:

If you have a resume listing career and volunteer experience, you have the option of attaching it to your completed application.

I HAVE READ THE "COUNTY OF ALAMEDA ADVISORY COMMITTEE CONFLICT OF INTEREST CODE" AND AGREE TO ABIDE BY THE CODE AT ALL TIMES WHILE AN APPOINTED MEMBER OF THE ADVISORY COMMITTEE. AT PRESENT, TO THE BEST OF MY KNOWLEDGE, NO CONFLICT OF INTEREST EXISTS IN MY SERVING ON THIS COMMITTEE.

(Signature)

(Date)

PLEASE RETURN COMPLETED FORM TO:

Executive Director
Public Authority for In-Home Supportive Services
6955 Foothill Blvd., 3rd floor
Oakland, California 94605