

WHAT NEXT?

Expect to hear from us within three weeks after your application is submitted. We look forward to working with you.

Membership

The commission shall be composed of no less than five nor more than seven members. Members of the commission shall be residents of the City of Airway Heights. Members shall have demonstrated interest, competence or knowledge regarding problems or issues relating to health, morale and welfare of senior citizens. Members shall be representative of the different geographical areas of the City.

The members of the commission shall be appointed by the City Council. Each commission member must sign the Airway Heights Senior Advisory Commission Code of Ethics prior to assumption of their duties as a Senior Commissioner.

All appointments to the commission shall be for a period of three years. At the expiration of each member's term, a successor shall be appointed for a term of three years. Members shall serve until their successors have been appointed and qualified. Vacancies shall be filled in the same manner in which original appointments are made, but appointments to fill vacancies shall be only for the remainder of the unexpired term. A commissioner's term shall coincide with the calendar year, beginning January 1st and expiring December 31st.

SENIOR ADVISORY COMMISSION Membership Expectations

Powers and Duties

The City of Airway Heights senior advisory commission shall make recommendations to the City Council and have the authority to implement recommendations adopted by the City Council. The Senior Advisory Commission shall have the following functions:

- A. Act in an advisory capacity to the City Council on matters pertaining to the senior population, especially as it relates to municipal programs and projects;
- B. Maintain a constructive working relationship with organizations working towards a better quality of life for seniors;
- C. Recognize seniors making significant contributions to the community; and
- D. Design and participate in activities and programs intended to generate senior input.

Meetings

Meetings of the commission shall be held once each month on the third Tuesday of each month. Meetings shall be held at 2:00pm at the Airway Heights Community Center, 13120 W. 13th Avenue, Airway Heights.



SENIOR ADVISORY COMMISSION APPLICATION

The Senior Advisory Commission is designed to engage Seniors and utilize their particular insight and opinions on the issues affecting the senior population in the community as it relates to programs for seniors. The Senior Advisory Commission will help to:

- A. To act as a liaison for all seniors in the City of Airway Heights and advise on ways to enrich and enhance the health and quality of life of seniors in the community;
- B. To solicit input and act as a public forum for issues that affect seniors in the community;
- C. To provide advice based on input received to improve the programs, policies, and services provided to seniors;
- D. To form partnerships in the community to educate, inform, and improve the quality of life for seniors;
- E. To work with and support existing senior programs;
- F. To assist with volunteer recruitment; and
- G. To assist with the marketing of senior programs, activities and events.

Senior Advisory Commission Application

Please Print

Name: _____ Birth Date: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Will you be able to access email? (Please circle one) Yes No

Best time to contact me: _____ Best way to contact me: ___ Phone ___ Cell ___ E-Mail

- **Attach a one-page typed letter describing your activities and interests. Be sure to share your special skills and tell us why you want to be a Senior Advisory Commission Member.**

I understand that by applying for the Senior Advisory Commission, I am also

- ❖ **Agreeing to release, indemnify and hold the City of Airway Heights, its agents, officers and employees harmless from any and all liability claims, actions, judgments, damages, or injuries of every kind and nature whatsoever to me or my property arising from participating in activities of the Senior Advisory Commission.**
- ❖ **Submitting my name to the Washington State Patrol to complete a child/adult abuse record search.**

Name (Printed): _____

Signature of Applicant: _____ Date: _____

Return Application to:

Airway Heights Parks & Recreation Department
Attn: J.C. Kennedy, Director
1208 S. Lundstrom St.
Airway Heights, WA 99001
Phone: (509) 244-4845