



APPLICATION FOR SENIOR RESOURCES ADVISORY BOARD

NAME Rosie Washington DATE 1-12-2017

MAILING ADDRESS P.O. Box 393 Alachua, FL 32616
386-462-3289

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Are you available to meet on a quarterly basis? ☒ Yes ☐ No

Are you a resident of the City of Alachua? ☒ Yes

OR

A resident of the greater Alachua area? ☒ Yes

Briefly state why you want to be a Senior Resources Advisory Board Member:

first I would like to Thank you all
for Applied me to serve ON the Senior
Resources Advisory Board for the last 3 yrs
I would like to cont to serve, I really enjoy
Working with the Senior of Alachua and any
things I can do to help the Senior I don't mind
doing.

SIGNATURE Rosie Washington

PLEASE RETURN THIS APPLICATION TO THE GRANTS DEPARTMENT LOCATED AT CITY HALL, 15100 NW 142ND TERRACE, OR MAIL APPLICATION TO: CITY OF ALACHUA, ATTN: GRANTS SPECIALIST, PO Box 9, ALACHUA, FL 32616-0009. QUESTIONS MAY BE DIRECTED TO (386) 418-6131.