

# CALIFORNIA SENIOR ADVISOR APPLICATION

## APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Email:

Home phone:

Cell phone:

## ORGANIZATIONS

How long have you been a member of ICMA?

Please list any other local government professional organizations that you have been a member of:

## REFERENCES

Name

City

Phone/Email

## RESUME/INTEREST

Please attach your resume.

Please indicate why you are interested in serving as a Senior Advisor.

What division of the League of California Cities would you like to participate in:

How well do you know the City Managers and Assistant City Managers within that division?

## SIGNATURES

I have read and understand the requirements, qualifications, and time commitment to be a Senior Advisor (located in The California Senior Advisor Program: Guidelines for Participation) for the League of California Cities and ICMA. I would like my application to be filed as a potential applicant for the Senior Advisor program.

Signature:

Date:

Please send your application and resume to Meghan McKelvey at [mmckelvey@cacities.org](mailto:mmckelvey@cacities.org) or fax to (916) 658-8240. For additional questions, you can call Meghan at (916) 658-8253.

