



APPLICATION FOR CSL CANDIDACY

PSA _____

Incumbent ____ New Candidate ____

Name of Candidate: _____

Address: _____

City & Zip: _____

Telephone(s) (Home) _____ (CP) _____

Email: _____

My State Senator is: _____ District # _____

My State Assembly member is: _____ District # _____

My Congressional Representative is: _____ District # _____

For the Office of _____ I certify that
(Senior Senator/Senior Assemblymember)

- I am 55 years of age on election day.
- I am a registered voter.
- I reside in the Planning and Service Area (PSA) for which the election is held.
- I own a functioning computer and a printer.
- I have the ability to scan and email documents, as needed.
- I have a personal email account and basic access to and knowledge of how to use email, transmit documents, open MSOffice and PDF documents, utilize electronic drop boxes, complete Google Forms and participate in virtual meetings utilizing Zoom.
- I possess the ability to take top senior concerns/issues at local level and draft them into a legislative proposal following a template.

I agree that all decisions regarding my candidacy, election and/or recall are the responsibility of the CSL JRC and are final and binding.

Signature _____ Date Signed _____

Attach the following documents to this application:

- Resume outlining broad base of experience at the city and county levels on issues dealing with seniors
- Signed Code of Ethics
- Signed Volunteer Agreement and Waiver
- Signed Statement of Commitment