

## Application Form

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### Profile

Adolfo

First Name

Correa

Last Name

Middle Initial

[Redacted]

Home Address

[Redacted]

City

[Redacted]

Suite or Apt

[Redacted]

State

[Redacted]

Postal Code

[Redacted]

Email Address

Employer

[Redacted]

Primary Phone

Job Title

[Redacted]

Alternate Phone

### How long have you lived in Washoe County?

2 years

### What district do you live in? \*

District 2

Question applies to multiple boards

To see which CAB area you reside in, please go to the link provided: <https://gis.washoecounty.us/wrms/quick/cab>

Question applies to multiple boards

### Are you registered to vote in Washoe County?

Yes  No

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### Interests & Experiences

#### Which Boards would you like to apply for?

Washoe County Senior Services Advisory Board: Submitted

Please tell us about yourself and why you want to serve.

#### Why are you interested in serving on this board/commission?

I have retired and moved to Reno in 2021. I would like to learn more about the city of Reno, particularly the county where I live, and see if there are any ways in which I can serve my new community.

**How do you feel you are qualified to serve on this board? Include any past board/commission experience.**

I have no past board/commission experience, but I am willing to learn and contribute to the welfare of the community. I am retired medical researcher with training and experience in epidemiology and public health in academia and the federal government.

[Adolfo Correa Resume\\_0219\\_21.pdf](#)

Upload a Resume

Please attach a letter of recommendation.

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## **Nepotism**

**Do you currently serve on any boards/committees?**

Yes  No

**If yes, please list the boards/committees**

**Are you related to anyone employed by Washoe County by blood or marriage?**

Yes  No

**If yes, please list the names and relationship of all persons you are related to.**

Question applies to multiple boards

**Please Agree with the Following Statement**

**I understand the role and responsibilities of membership on this board or commission and am willing to serve. If appointed, I will attend required meetings and training and will adhere to pertinent bylaws. I understand that some appointments require a Financial Disclosure Form to be submitted to the Nevada State Ethics Commission. I certify that, to the best of my knowledge, the information I have provided in this application is true and correct. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal. If appointed to a Citizen Advisory Board (CAB), I agree to attend a CAB new member orientation session and open meeting law training within six months of my appointment. I understand that failure to comply with this requirement will result in automatic removal from the Citizen Advisory Board.**

I Agree

Please note that after submitting your application, it becomes part of the public record and is available for public viewing.

Adolfo Correa