

PSA 2 AREA AGENCY ON AGING
ADVISORY COUNCIL PROFILE / APPLICATION

NAME Lindsay Ritchie TELEPHONE 530-252-6200-H
ADDRESS 620 JUNIPER Street CITY & ZIP 530-310-3731-C (w/h)
EMAIL lritchie@frontier.com FAX NUMBER Susanville, CA 96130

1. Briefly summarize your involvement in senior activities (Community involvement, Senior Organizations, Community Activities or memberships, etc.).

Worked for Lassen Senior Services for 5 years
As the Administrative Assistant to the Executive
Director. Wonderful experience, AND I would
like to continue my commitment to helping
Seniors in this AREA.

2. List other specialized education and/or experience with which you have been involved which would contribute to this organization.

Currently on the Board of Directors
of Lassen Senior Services.

3. Additional comments:

Applicants Signature: _____

Lindsay Ritchie

Date: _____

7/9/2018

Feel free to attach additional pages.

DEMOGRAPHIC PROFILE

Name: LINDSAY RITCHIE

In an effort to meet Federal and State Regulations, please complete this questionnaire which helps to capture and identify the diversity of the Advisory Council's membership. Your voluntary response is greatly appreciated.

Please check any of the following classifications which apply to you:

AGE:

- ☐ Under 60
- ☒ 60+
- ☐ 75+

RACE/ETHNIC COMPOSITION:

- ☒ White
- ☐ Hispanic
- ☐ Black
- ☐ Asian/Pacific Islander
- ☐ Native American/Alaskan/Native
- ☐ Other

OTHER REPRESENTATION:

- ☐ Disabled Representative
- ☐ Persons with Leadership Experience in the Private and Voluntary Sectors
- ☐ Low Income Representative
- ☐ Health Care Provider Representative
- ☐ Local Elected Official
- ☐ Supportive Services Provider Representative
- ☐ Family Caregiver Representative

Signature: Lindsay Ritchie

Date: 7/9/2018

RECEIVED

SEP 24 2018

JULIE BUSTAMANTE
LASSEN COUNTY CLERK

By _____ Deputy

PSA 2 AREA AGENCY ON AGING
ADVISORY COUNCIL PROFILE / APPLICATION

NAME Mae Sherman TELEPHONE 530-257-6904 (w/h)
ADDRESS 154 S. Fairfield Ave CITY & ZIP Susanville, 96130
EMAIL ellimae2000@yahoo.com FAX NUMBER _____

1. Briefly summarize your involvement in senior activities (Community involvement, Senior Organizations, Community Activities or memberships, etc.).

I have a sister that I take care of living in Eskaton complex in Susanville.

I am involved with the "Meals on Wheels" at the Senior Center.

I have attended the Board meetings at the Senior Center and discussed activities for Seniors.

2. List other specialized education and/or experience with which you have been involved which would contribute to this organization.

I am on several boards and chair a few. I have attended a couple of the PSA 2 Advisory Councils meetings and have attended a lot of the PSA Executive Committee meetings.

3. Additional comments:

Applicants Signature: Mae Sherman

Date: 9/24, 2018

Mae Sherman

Feel free to attach additional pages.

RECEIVED

SEP 24 2018

JULIE BUSTAMANTE
LASSEN COUNTY CLERK
By MA Deputy

DEMOGRAPHIC PROFILE

Name: Mae Sherman

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OTHER REPRESENTATION:

- ☐ Disabled Representative
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- ☐ Health Care Provider Representative
- ☐ Local Elected Official
- ☐ Supportive Services Provider Representative
- ☒ Family Caregiver Representative

Date: 9/24,2018

Signature: Mae Sherman
Mae Sherman