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MAR 19 2021

JULIE BUSTAMANTE
LASSEN COUNTY COURT

PSA 2 AREA AGENCY ON AGING
ADVISORY COUNCIL PROFILE / APPLICATION

Deputy

NAME Rebecca Terwilliger TELEPHONE 530 250-7016 (cell) (w/h)
ADDRESS PO Box 1359 CITY & ZIP Susanville, 96130
EMAIL rterwilliger@co.lassen.ca.us FAX NUMBER 530 251-8149

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

I am currently a Staff Analyst for Lassen County Community Social Services. I support the Adult Services programs for the county, including IHSS and Adult Protective Services, as well as eligibility programs such as Medi-Cal, CalFresh (food stamps) and cash aid programs. I have detailed knowledge of resources available in the community and experience working with aged and disabled populations.

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

I have completed my BA in Organizational Communications, which has fostered excellent written and verbal communication skills. In addition, I was born and raised in Lassen County, so I have an extensive network of contacts in the area.

3. Additional comments:

Applicants Signature: 

Date: 3/16/21

Feel free to attach additional pages.

reg voter # 65BY007955 pct 420

C:\Users\rterwilliger\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\V42U0Q6V\ADCO Application 07.doc

Lassen County voter

DEMOGRAPHIC PROFILE

Name: Rebecca Terwilliger

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: Rebecca Terwilliger

Date: 3/11/21

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JULIE BUSTAMANTE
LASSEN COUNTY COURT

PSA 2 AREA AGENCY ON AGING
ADVISORY COUNCIL PROFILE / APPLICATION

Deputy

NAME Tina Kennemore TELEPHONE 530-251-8338 (w/h)
ADDRESS 712-205 Sunnyside Rd CITY & ZIP Janesville 96114
EMAIL tkennemore@co.lassen.ca.us FAX NUMBER 530-251-2672

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

Current Program Manager for Lassen County Adult Services, Adult Protective Services, IHSS and Family Solutions. Previous Deputy Public Guardian. I am familiar with most programs available for seniors and disabled/dependent adults. I have dedicated my career to helping others.

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

10+ years working for Lassen County Community Social Services. Certified by National Adult Protective Services. I am a native of Lassen County and love our community.

3. Additional comments:

Previous PSA 2 advisory Council member.

Applicants Signature: Tina Kennemore

Date: 3/17/2021

Feel free to attach additional pages.

DEMOGRAPHIC PROFILE

Name: Tina Kennemore

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

Signature: Tina Kennemore

Date: 3/17/2021