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PSA 2 AREA AGENCY ON AGING ADVISORY COUNCIL PROFILE / APPLICATION

NAME Angela Reed TELEPHONE 530-310-4428 (w/h)
 ADDRESS 1306 Riverside Dr. CITY & ZIP Susanville, 96130
 EMAIL lfsshelter@lassenfamilyservices.org FAX NUMBER _____

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

I have a good working relationship with organizations that assist seniors and those that are disabled. I have been part of the Behavioral Health Board for about a year before I stepped away for a bit. As an agency we campaign for those that are underserved so there voice can be heard and they don't 'fall through the cracks'.

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

I have several certificates of training in subjects such as 'trauma informed training', active listening, domestic and sexual violence counselor, and administration of justice.

3. Additional comments:

Applicants Signature: Angela Reed

Date: 1/25/2025

Feel free to attach additional pages.

DEMOGRAPHIC PROFILE

Name: Angela Reed

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+

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

RACE/ETHNIC COMPOSITION:

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

Signature: Angela Reed

Date: 1/30/2024