

G2

Committees & Commissions

Lassen, CA

Name:	PSA 2 AREA AGENCY ON AGING	B48
Address:	208 W. CENTER STREET P.O. BOX 1400 YREKA, CA 96097	
Qualifications:		Number of Members: 5
How Appointed:		Phone Number: (530) 842-1687
Enabling Act:		Length of Term: 4
Order/Enactment Date:		

Folder Attachments

03/15/2004 208 W CENTER STREET, YREKA, CA 96097 FAX 842-4804

05/01/2006 SERVES SENIORS IN LASSEN, MODOC, SHASTA, SISKIYOU AND TRINITY COUNTIES

10/09/2013 *** NOTE CONTACT: TABITHA LEDFORD, ADMIN CLERK II EMAIL: TABITHA@PSA2.ORG

05/20/2014 PER TABITHA - TERMS ARE 4 YEARS FROM APPOINTMENT DATE.
NO 700 S - MULTI COUNTY
BOS "AFFIRMS" APPOINTMENT OF SUPERVISORS JANUARY EACH YEAR.

Name & Address	Title	Appointed	Elected	Expires	Active
ARTZ, PENNY 712-345 SILENT OAK DRIVE JANESVILLE, CA 96114 PHONE (530) 253-1098	ADVISORY BRD MBR	09/15/2015		09/15/2019	Yes
HEMPHILL, JEFF 716-535 HEMPHILL ROAD JANESVILLE, CA 96114 PHONE (530) 253-2534	EXECUTIVE BRD MBR ALT	01/10/2017 01/12/2016 01/13/2015		01/09/2018 01/10/2017 01/12/2016	Yes
KENNEMORE, TINA 712-205 SUNNYSIDE RD JANESVILLE, CA 96114 PHONE (530) 253-3454	ADVISORY BOARD MBR	11/25/2014		11/25/2018	Yes
TEETER, DAVID 515 HILL ST SUSANVILLE, CA 96130 PHONE (530) 257-9378	EXEC BOARD MBR	01/10/2017		01/09/2018	Yes
WOOD, PEGGY 205 N. Mesa Street, # 101 Susanville, CA 96130 PHONE (530) 251-7525	ADVISORY BRD MBR	07/15/2014 07/01/2010		07/15/2018 07/10/2014	Yes
VACANCY PHONE	EXECUTIVE BRD MBR			03/01/2017	Yes

PSA 2 AREA AGENCY ON AGING
ADVISORY COUNCIL PROFILE / APPLICATION

NAME HENRY HART TELEPHONE 2579407 (w/h)
ADDRESS 110 BROOKWOOD DR CITY & ZIP SUSANVILLE 96130
EMAIL HENRYHART40@MSN.COM FAX NUMBER _____

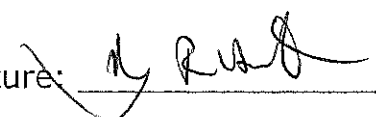
1. Briefly summarize your involvement in senior activities (Community involvement, Senior Organizations, Community Activities or memberships, etc.).

I AM ON THE BOARD OF DIRECTORS FOR
CASSEN SENIOR SERVICES

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

LONG TIME KIWANIS MEMBER AND VOLUNTEER FOR
CASSEN HUMANE SOCIETY. RETIRED CARPENTER
AND FOREMAN ON LARGE CONSTRUCTION PROJECTS

3. Additional comments:

Applicants Signature: 

Date: 3-13-17

Feel free to attach additional pages.

DEMOGRAPHIC PROFILE

Name: HENRY HART

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: [Signature]

Date: 3-13-17

PSA 2 AREA AGENCY ON AGING
ADVISORY COUNCIL PROFILE / APPLICATION

NAME Kim Vento TELEPHONE 530 - 310 - 3303 (w/h)
ADDRESS PO Box 184, JAMESVILLE CITY & ZIP 96117
EMAIL Lccbusiness@icloud.com FAX NUMBER _____

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

HICAP VOLUNTEER
LASSEN NAME MEMBER

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

HUMAN SERVICES INSTRUCTOR, RETIRED LASSEN COLLEGE

3. Additional comments:

Applicants Signature: _____

Date: 4/25/17

Feel free to attach additional pages.

DEMOGRAPHIC PROFILE

Name:

Vento, K

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.

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☒ 60+

☐ 75+

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☐ 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:

[Signature]

Date:

4/23/17