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PSA 2 AREA AGENCY ON AGING
ADVISORY COUNCIL PROFILE / APPLICATION

SEP 23 2019

JULIEN JUSTAMANTE
LASSEN COUNTY COURT

By [Signature] Deputy

NAME Penny Kay Artz TELEPHONE 257-2113 (w/h)
ADDRESS 802 Main St CITY & ZIP Susenville CA 96130
EMAIL executivedirector@lasseneniorservice.org FAX NUMBER 257-2116

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

Director and Past President of Rotary
Past President Monticola Club
Director Banner Lassen Foundation
Director Historic Uptown Susenville Assoc.

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

Executive Director of Lassen Senior Services, Inc.

3. Additional comments:

Applicants Signature: Penny Kay Artz

Date: 9-23-19

Feel free to attach additional pages.

DEMOGRAPHIC PROFILE

Name: Penny Artz

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: Penny Kay Artz

Date: 9-23-19