

PSA 2 AREA AGENCY ON AGING ADVISORY COUNCIL PROFILE / APPLICATION

NAME Kay E. White TELEPHONE 530-257-4961 H
530-251-6484 Cell*(w/h)
ADDRESS 687-950 State Route 36 CITY & ZIP Susanville, 96130
EMAIL circlerockingk@aol.com FAX NUMBER None

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

Fourteen years PSA 2, Executive Board Member
Four Years Tehama County Integrated Waste Mgmt Task Force V.P.
25 years Monticola Member (held numerous positions)
Various Masonic Orders
20 Years California State certified Ombudsman

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

Retired Health Care Professional

3. Additional comments:

Looking forward to serving my community

Applicants Signature: _____



Date: January 13, 2020

Feel free to attach additional pages.

DEMOGRAPHIC PROFILE

Name: Kay E. White

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: _____



Date: January, 13, 2020

RECEIVED

11/4/2015
JAN 13 2020
JULIE BUSTAMANTE
LASSEN COUNTY COURT
By  Denity