

*Incumbent*

City of Paso Robles

RECEIVED  
CITY CLERK'S OFFICE

APPLICATION FOR APPOINTMENT  
TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION MAY 01 2006

Name of Advisory Body: SENIOR CITIZEN ADVISORY COMMITTEE CITY OF PASO ROBLES

Name of Applicant: JAN A STEMPER-BROWN  
First Name Middle Initial Last Name

Street Address: 2486 STARLING DR. City, Zip: PASO ROBLES 93946

Mailing Address: PO Box 1154 PASO ROBLES CA 93447  
(if different from home) P.O. Number City State Zip

Home Phone: (805) 591-5210 Home Fax: ( ) E-mail: \_\_\_\_\_

Retired?  Occupation (if applicable) REALTOR/BROKER

Employer (if applicable) RE/MAX PARKSIDE REAL ESTATE

Work Phone: (805) 550-0386 Work Fax: (805) 239-0613 E-mail: JANSTEMPERBROWN@tasn.net

EDUCATION & TRAINING GRADE ENTERING INTO \_\_\_\_\_  
High School PASO ROBLES PASO ROBLES CA  
Name City State  
College UESTA SAN LUIS OBISPO CA  
Name City State  
Degrees/Majors REGISTERED NURSE  
Other Schools/Training KNAPP NURSING SCHOOL

MEMBERSHIP IN ORGANIZATIONS  
WOMEN'S COUNCIL OF REALTORS / WOMEN IN BUSINESS / SENIORS REAL ESTATE SPECIALIST / N. CALIF. WOMEN'S SHELTER / P.D. SENIOR CENTER / SENIOR ADVANTAGE REAL ESTATE COUNCIL / AM. DANCER SOCIETY / BOYS' BIRCH CLUB

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS	TERM
Current <u>SLO SANTA BARBARA INT. AREA AGENCY ON AGING</u>	From <u>2003</u> To <u>2006</u>
Current <u>PR SENIOR CITIZEN ADVISORY COMMITTEE</u>	From <u>2004</u> To <u>2006</u>
Previous <u>SAN LUIS OBISPO COUNTY COMMISSION ON AGING</u>	From <u>2003</u> To <u>2006</u>
Previous <u>MANAGER OF SENIORS RESOURCES OF NO. COUNTY</u>	From <u>2003</u> To <u>2004</u>
Previous <u>EMT ORIGINATOR TASHI FORCE</u>	From <u>1979</u> To <u>1980</u>

ADDITIONAL INFORMATION  
Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.  
MY BACKGROUND AS AN RN FOR 15 YEARS INVOLVED THE HEALTH NEEDS OF SENIORS AND NOW AS A SENIORS REAL ESTATE SPECIALIST I'M INVOLVED IN THE HOUSING, HEALTH, TRANSPORTATION AND LEGISLATIVE ISSUES INVOLVING SENIORS' NEEDS.  
I GREW UP HELPING WITH THE SPECIAL NEEDS OF MY FATHER, WHO HAD PARALYSIS IN BOTH LEGS.  
I FEEL I CAN APPRECIATE SENIORS' EXPANDED REQUIREMENTS AND AS A YOUNG SENIOR MYSELF AND A MEMBER OF THE NEW GENERATION OF SENIORS, I WILL HAVE EXPANDED IMPACT AS OUR LOCAL DEMOGRAPHICS CHANGE AND THE SENIORS ARE A MAJOR FORCE IN THE COMMUNITY.

UPON RECEIPT OF A TIMELY FILED APPLICATION, THE CITY CLERK'S OFFICE WILL SEND NOTIFICATION TO EACH APPLICANT AND A CITY COUNCIL INTERVIEW SCHEDULE WILL BE ARRANGED.

Incumbent

City of Paso Robles

APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

RECEIVED CITY CLERK'S OFFICE

Name of Advisory Body: SR. CITIZENS ADVISORY COMMITTEE

Name of Applicant: OLIVE (BENEE) CLARK

MAY 09 2006

Street Address: 4970 MEADOW LARK LN. City, Zip: PASO ROBLES, 93446

Mailing Address: SAME P.O. Number City State Zip

Home Phone: (805) 237-9838 Home Fax: ( ) E-mail:

Retired? [ ] Occupation (if applicable) SR. NUTRITION SITE MGR.

Employer (if applicable) SR. NUTRITION GOLDEN MEALS NETWORK

Work Phone: (805) 238-4831 Work Fax: (805) 237-4133 E-mail:

EDUCATION & TRAINING GRADE ENTERING INTO

High School WASHINGTON UNION HIGH SCHOOL FREMONT CA

College Name City State

Degrees/Majors

Other Schools/Training NUTRITION-FOOD SERV. CLASSES

MEMBERSHIP IN ORGANIZATIONS NONE

Table with 2 columns: ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS and TERM. Rows include current and previous appointments with dates.

ADDITIONAL INFORMATION Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

I HAVE BEEN WITH SR. NUTRITION PROGRAM SINCE JULY 1990, AND I AM TOTALLY COMMITTED TO HELPING THEM WITH AS MUCH OF THEIR PROBLEMS AS I AM CAPABLE OF. I CARE VERY MUCH FOR ALL MY CLIENTS.

ALSO I DO TRY TO HELP LYNDA WITH HER PROGRAMS AND MISC. CHORES-SHE IS A WIDOW

City of Paso Robles

APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

Name of Advisory Body: Senior Advisory Committee

Name of Applicant: Barbara B. Mastin

Street Address: 1835 Kings Dr City, Zip: Paso Robles 93446

Mailing Address: (if different from home) \_\_\_\_\_ P.O. Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: 805-239-1082 Home Fax: \_\_\_\_\_ E-mail: barbaramast@earthlink.net

Retired?  Occupation (if applicable) \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

EDUCATION & TRAINING

High School: Mooreville High School, Mooreville, Ind.

College: San Jose Jr College, San Jose, Ca.

Degrees/Majors: AA - Business, AA - Transfer

Other Schools/Training: Indianapolis Business College, Social Work

MEMBERSHIP IN ORGANIZATIONS

Salvation Army - AARP - United Methodist Church - ECHO - Homeless feeding

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current \_\_\_\_\_  
Current \_\_\_\_\_  
Previous \_\_\_\_\_  
Previous \_\_\_\_\_  
Previous \_\_\_\_\_

TERM

From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

ADDITIONAL INFORMATION

Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.

I was asked if I might be interested in being on the Senior Advisory Committee. I have been Chair of the Paso Robles Salvation Army since 2002. I currently meet with clients at our Senior Center on the 1st & 3rd Mondays of each month. Prior to 2002, I was office manager of the Pasadena Salvation Army. I was involved with the Senior Center as a tour guide for several years and other volunteer positions in the North County.

READ CAREFULLY

This is a public document. I understand that all information contained within it will be provided to the public upon request.

If appointed to a City committee, commission or other advisory body, I authorize the City to post the following on its Web site. I understand that other Web sites not controlled by the City may provide links to a City Web page that has my personal information on it. I also authorize the City to update my personal contact information on its Web site if my contact information changes.

- Home address  Business address  Cell Phone Number
- Home phone number  Business phone number  Personal E-mail address
- Home Fax number  Business fax number  Business e-mail address

Further, if my home address and telephone number are otherwise non-disclosable under the California Public Records Act (California Government Code §6250 et seq.), I understand that by agreeing to the release of the information above, this information may be provided by the City in response to a request made under the Public Records Act.

Signature

If appointed to a City committee, commission or other advisory body, I DO NOT authorize the City to post my contact information on its Web site or to release such information to a third party who may post the information on their Web site. The City may, however, disclose on the Internet and in all other appropriate places that I serve on a City committee, commission or other advisory body.

Barbara Mastin  
Signature