Senior Citizen's Advisory Committee

Thursday, June 7, 2007 City Hall Conference Center

INTERVIEWS - SENIORS (7 MEMBERS; 2 ALTERNATES)

7:00	Edna deBardelaben	(Incumbent)
7:10	James Barr	
7:20	Doreen Bird	
7:30	Richard Gruner	
7:40	Dale Gustin	
7:50	Grace Myers	(Incumbent)
8:00	William Pluma	

Helen Dutra (Incumbent) is unable to attend interview

APPOINTMENTS TO BE MADE AS FOLLOWS:

Five vacancies:

Five 2-year regular terms expiring June 30, 2010

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

RECEIVED CITY CLERK'S OFFICE MAY 1 0 2007

Name of Advisory Body:			Y OF PASO ROBLES
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Name of Applicant: Middle Initia	1	Last Name	0 1
Street Address: 449 Oliver ST #	and the same	y, Zip: Past	3 Probles Can
Mailing Address: 40.8012133 Page 6 Cit different from home) P.O. Number Cit	Lobles	State 93	3447 Zip
Home Phone: (805-33 8 08 Home Fax: ()	E-mai	I:	
Retired? Occupation (if applicable)			
Employer (if applicable)			
Work Phone: () Work Fax: ()			
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College	City		State
Name	City		State
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Other Schools/Training			
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ADDITIONAL INFORMATION Please provide any supplemental information to this application, including this advisory body.	g the specific	reason you believe you	should be appointed to
			DIAM'S AND

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

RECEIVED
TO CLERK'S OFFICE

FEB 13 2007

Name of Advisory Body: 550	ior CitiZEN	U S		U1
Name of Applicant: JAMES	R.	BArr	Jr PASO RO	OBLE
Street Address: 4818 Pin 1	TAIL AUE.	Last Name City, Zip: <u>PASO /</u>	Robles 93446	,
Mailing Address:				
(if different from home) P.O. Num		State	Zip	060
Home Phone: 805227-6575			venors of Active	om
Retired? Coccupation (if applicable	e)	-		
Employer (if applicable)				
Work Phone: W	Vork Fax:	E-mail:		
EDUCATION & TRAINING				
High School ROOSEVELT	High School	FresNO	CA	
Name Brack C	t. Call TOC	City Back	State	
College LONG BEACH C	14COLLEGE	City	State	
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	READ CAREFULLY	,		
This is a public document. I understand that	all information contained within i	t will be provided to the public	upon request.	
If appointed to a City committee, commissi understand that other Web sites not controlle it. I also authorize the City to update my per	on or other advisory body, I authed by the City may provide links t	norize the City to post the follo o a City Web page that has my	owing on its Web site. I personal information on	
Home address	☐ Business address	□ Cell	Phone Number	
Home phone number Home Fax number	☐ Business phone numb☐ Business fax number	er Pers	onal E-mail address ness e-mail address	
Further, if my home address and telephone is Government Code \$6250 et seq.), I underst provided by the City in response to a request	number are otherwise non-discloss and that by agreeing to the relea	able under the California Public use of the information above, t t. Jumes R	Records Act (California	
If appointed to a City committee, commission	n or other advisory body IDO NO	T authorize the City to post m	contact information on	

it appointed to a City committee, commission or other advisory body, I DU NUI 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 commission or other advisory body.

Signatura

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

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APR 10 2007:

APPLICATION FOR APPOINTMENT

OF PASO ROBLES

TO A CITT ADVISORT BOD I/COMINIT	TIEF COMMISSION	F PASO ROB
Name of Advisory Body: Paso bokes Sevior Ad	VISORY COMMITTEE	
Name of Applicant: First Name Middle Initial	GRUNER Last Name	
Street Address: 1535 Via Assoyo	_ City, Zip: Roso Kahles	, 9344
Mailing Address: (if different from home) P.O. Number City	State Zip	
Home Phone: 895226-8140 Home Fax: ()	E-mail: granuverach	externale
Retired? Occupation (if applicable) COLONEL USAR; A	Hurt Beach High Sch. Distx	ict
Employer (if applicable)		
Work Phone: () Work Fax: ()	E-mail:	
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Degrees/Majors MS Ed.	City State	
Other Schools/Training Lincoln University of MO + 11	viv. of tuget Sound? E	3 A History
MEMBERSHIP IN ORGANIZATIONS Am. Legion; MOAA; MOWW, Lions Club (SLO) Salvation Army Advisory Board (Pass Robbis	(/ 1 _ /	
ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS	TERM	3221
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Current SLO Co Commission on Aging	From <u>2003</u> To	2007
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Previous	From To	
ADDITIONAL INFORMATION Please provide any supplemental information to this application, including the state advisory body. Carrently, serving as Vice Chair of the Surently	1	

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

Name of Advisory Body:	Serior (-itizen	5	MAR 28 2007
	MARTER	西班牙周		TY OF PASO ROBLES
Name of Applicant:	Name	Middle Initial	Last N	Vame 0 (p
Street Address:	CRESTON	Rd.	City, Zip: 8a5	a Hobles 934
Mailing Address:	P.O. Number	764 Sas	O Robles CA	93447-0764 Zip
Home Phone: <u>(805) 239</u>		,	E-mail:	
_			E-man.	
Retired? □ Occupation		AME		
Employer (if applicable)		N 92017		
Work Phone: <u>(805) 238</u>	<u>· −13/</u> / Work Fax: Ø	05) 238711	% -mail:	
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Please provide any supplement this advisory body.	al information to this app	lication, including the	specific reason you bell	ve you snouta ve appointea to
and accisory body.				

RECEIVED CITY CLERK'S OFFICE

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

MAY 08 2007

Name of Advisory Body: Senior Olds	bijeomini i Eig comini	CITY OF PASO ROBLES
ly ly line of Advisory Body.	wary Hoard	
Name of Applicant: Shace First Name	T. Y	Mylus
Street Address: 2668 Thadition	Middle Initial Story City, Zip:	ast Name Ca 93446
Mailing Address:earnel	0	
(if different from home) P.O. Number		ate Zip
Home Phone: (805 237-1737 Home Fax: ()	E-mail: Mag	seemyer a well r. mel
Retired? Occupation (if applicable)		
Employer (if applicable)		
Work Phone: () Work Fax: ()	E-mail:	
EDUCATION & TRAINING	GRADE	ENTERING INTO
High School Sig Spring School	City	City
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Name	City	State
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ADVISORY BODY/COMMITTEE/COMMISSION APP	POINTMENTS TERM	
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Please provide any supplemental information to this application this advisory body.	on, including the specific reason you	/ / / /
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UPON RECEIPT OF A TIMELY FILED APPL NOTIFICATION TO EACH APPLICANT AND A CITY	Y COUNCIL INTERVIEW SCHEDL	ILE WILL BE ARRANGED.

RECEIVED CITY CLERK'S OFFICE

MAY 18 2007

APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION CITY OF PASO ROBLES

Name of Advisory Body: SCHIOR CITIZEN Adv	USORY COMMITT	E E	
Name of Applicant: William Bill E. First Name Middle Initial	1 -1111-1		
First Name Middle Initial Street Address: 435 HAVAJO AVE		Blos 93446	
Mailing Address:	y State	Zip	
Home Phone: 305 237 0376 Home Fax: 226 8301	E-mail: <u>BPLvma</u>	C. charter, Net	
Retired? 🗷 Occupation (if applicable)		•	
Employer (if applicable)			
Work Phone: Work Fax:	E-mail:		
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sening Each extar I was asked to he	ad food drives and	Quadraising,	
which Il enjoyed. For 8 years I worked	at the Paso Robe	do Librarel	
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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

CITY CLERK'S OFFICE
MAY 1 0 2007

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

Name of Advisory Body: <u>SENIOR CITIZEN ADVISOR</u>	RY COMMITTEE	
Name of Applicant: HELEN First Name Middle Initial	Last Name	
Street Address: 875 ORIOLE WAY	City, Zip: <u>PAS0</u> .	ROBLES CA 93446
Mailing Address: (if different from home) P.O. Number City	,	Zip
Home Phone: (845) 237-0946 Home Fax: () N/A	E-mail: <i>N/4</i>	
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Previous SENION HOME CARE PROJECT ADVISORY COUNC	From	To
Previous AARA COMMUNITY PRESENCE TEAM	From	To
ADDITIONAL INFORMATION Please provide any supplemental information to this application, including this advisory body.		.,
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OUR SENIORS ON A DAILY BASIS, SOME ISSUER THAT WE DAN DISCUSS AT		
COMMITTEE MEETINGS. WE ACT AS A CON		
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