

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

MAR 10 2013

Name of Advisory Body: Senior Citizens Advisory Committee
Name of Applicant: Peter P Peters
First Name Middle Initial Last Name
Street Address: [REDACTED] City, Zip: Trussville, 35964

Mailing Address: [REDACTED]
(if different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: () E-mail: [REDACTED]

Retired? ☒ Occupation (if applicable) [REDACTED]

Employer (if applicable) [REDACTED]

Work Phone: () Work Fax: () E-mail: [REDACTED]

EDUCATION & TRAINING GRADE ENTERING INTO [REDACTED]

High School [REDACTED]
Name City State

College [REDACTED]
Name City State

Degrees/Majors [REDACTED]

Other Schools/Training Got GED - 1985

MEMBERSHIP IN ORGANIZATIONS

UFW - President - Salvation Army -
Republican Union - Trustee, UFW -

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current SR Advisory

Current [REDACTED]

Previous [REDACTED]

Previous [REDACTED]

Previous [REDACTED]

TERM

From 2011 To 2013

From [REDACTED] To [REDACTED]

From [REDACTED] To [REDACTED]

From [REDACTED] To [REDACTED]

From [REDACTED] To [REDACTED]

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 LOVE THE SKIERS AND ENJOY
DRIVING BACK AT THE COUNTRY. I THINK
I BRING NEW AND GOOD IDEAS TO THE
MEETINGS. I'M ALWAYS AHEAD OF
THE WORK. THE LAST TWO YEARS
HAVE BEEN UNUSUAL. I HAVE REACHED
A LOT AND GONE ON TO BE INTERVIEWED
IN MANY NEW THINGS

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.

LAST NAME Peters COMMITTEE NAME SR Advisory

READ CAREFULLY

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

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- | | | |
|--|--|--|
| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> 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.

Date [REDACTED] Signature [REDACTED]

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.

Date 3-15-13 [REDACTED]
Signature [REDACTED]

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

Name of Advisory Body: Senior Center Advisory Committee
 Name of Applicant: Martha (Marty) L. Durrett
First Name Middle Initial Last Name
 Street Address: [REDACTED] City, Zip: Paso Robles 93446

Mailing Address: [REDACTED]
(if different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: [REDACTED] E-mail: [REDACTED]

Retired? ☒ Occupation (if applicable) [REDACTED]

Employer (if applicable) [REDACTED]

Work Phone: () Work Fax: () E-mail: [REDACTED]

EDUCATION & TRAINING

High School C.K. McClatchy Sacramento CA
Name City State

College Sacramento State Sacramento CA
Name City State

Degrees/Majors B.A. - English/Anthropology M.A. School Administration
Name City State

Other Schools/Training Cal Lutheran University (M.A.) U.C. Merced - misc. units

MEMBERSHIP IN ORGANIZATIONS

St. Paul's, Cambria; Kiwanis; Retired teachers; University Women (Cambria);
Paso Robles Republican Women Federated; Twin Cities lay chaplain (until recently)

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current Senior Center Advisory

Current [REDACTED]

Previous [REDACTED]

Previous [REDACTED]

Previous [REDACTED]

TERM

From 2011 To 2013

From [REDACTED] To [REDACTED]

From [REDACTED] To [REDACTED]

From [REDACTED] To [REDACTED]

From [REDACTED] To [REDACTED]

ADDITIONAL INFORMATION

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

As a life member of the Paso Robles Senior Center, I enjoy and look forward to my volunteering at the receptionist desk each week. I often have lunch with the many seniors with whom I like to hear complaints (none), complements (many), and ideas concerning the Senior Center. My skills (which are available to the Center) include computer (I was a school district technical writer for 2-3 yrs), public relations, and organization. I would love to continue on the board - it is such an important calling!

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.

LAST NAME Durrett

COMMITTEE NAME Senior Center Advisory

READ CAREFULLY

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|--|--|--|
| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home Fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> Business e-mail address |

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Date [REDACTED] Signature [REDACTED]

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Date 3-14-2013 [REDACTED]

City of Paso Robles

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

MAR 22 2013

Name of Advisory Body: SENIOR ADVISORY BOARD

Name of Applicant: Louis J. VILLANO
First Name Middle Initial Last Name

Street Address: [REDACTED] City, Zip: PASO ROBLES 93446

Mailing Address: [REDACTED]
(if different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: () E-mail: _____

Retired? ☒ Occupation (if applicable) _____

Employer (if applicable) _____

Work Phone: () Work Fax: () E-mail: _____

EDUCATION & TRAINING

High School HACKENSACK HIGH HACKENSACK N.J.
Name City State

College _____
Name City State

Degrees/Majors _____

Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current _____
Current _____
Previous _____
Previous _____
Previous _____

From _____ To _____
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've been going to the Senior Center for about seven years and have been involved in any number of activities and feel as though I can contribute to its future progress.

LAST NAME VILLANO

COMMITTEE NAME SENIOR ADVISORY BOARD

READ CAREFULLY

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☒ Home address
☒ Home phone number
☐ Home Fax number

☐ Business address
☐ Business phone number
☐ Business fax number

☐ Cell Phone Number
☐ Personal E-mail address
☐ Business e-mail address

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Date 3/22/13

Signature [REDACTED]

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Date _____

Signature _____

City of Paso Robles

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

MAR 29 2013

Name of Advisory Body: Senior Advisory Committee

Name of Applicant: Marilyn J Carey
First Name Middle Initial Last Name

Street Address: [REDACTED] City, Zip: Paso Robles 93446

Mailing Address: Same as street address Paso Robles CA 93446
(If different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: () E-mail: [REDACTED]

Retired? ☒ Occupation (if applicable) _____

Employer (if applicable) _____

Work Phone: () Work Fax: () E-mail: _____

EDUCATION & TRAINING

High School South Whitley High School South Whitley IN
Name City State

College Purdue University Ft. Wayne IN
Name City State

Degrees/Majors Associates Degree in Applied Science - Mental Health Technician

Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS

Paso Robles Art Association, Paso Robles Senior Center, Eastern Star

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current _____

Current _____

Previous _____

Previous _____

Previous _____

TERM

From _____ To _____

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 have been a volunteer at the Paso Robles Senior Center since 2007. I have a sincere interest in the well being of the senior community and continuing the vital resources that the Center has to offer the community.

LAST NAME Carey

COMMITTEE NAME Senior Advisory Committee

READ CAREFULLY

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| <input type="checkbox"/> Home address | <input type="checkbox"/> Business address | <input type="checkbox"/> Cell Phone Number |
| <input type="checkbox"/> Home phone number | <input type="checkbox"/> Business phone number | <input type="checkbox"/> Personal E-mail address |
| <input type="checkbox"/> Home Fax number | <input type="checkbox"/> Business fax number | <input type="checkbox"/> Business e-mail address |

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Date 3-27-2013

Signature [REDACTED]

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Date _____

Signature _____

City of Paso Robles

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

MAR 29 2013

Name of Advisory Body: Senior Advisory Committee

Name of Applicant: Mary (Pat) P. Chaney
First Name Middle Initial Last Name

Street Address: [REDACTED] City, Zip: Paso Robles 93446

Mailing Address: [REDACTED] Paso Robles CA 93447
(if different from home) P.O. Number City State Zip

Home Phone: [REDACTED] Home Fax: () E-mail: [REDACTED]

Retired? ☒ Occupation (if applicable) Former Legal Process Clerk II

Employer (if applicable) Retired from SLO County Courts

Work Phone: () Work Fax: () E-mail:

EDUCATION & TRAINING

High School John C. Fremont High School Oakland CA
Name City State

College Santa Rosa Community College Santa Rosa CA
Name City State

Degrees/Majors No Degree/Majored in Administration of Justice (unable to complete courses)

Other Schools/Training Previously certified as a Cosmetologist, Colorado Springs, CO.

MEMBERSHIP IN ORGANIZATIONS

Currently a volunteer Receptionist and Librarian at PR Senior Center, Secretary for Central Coast Sams RV Club.

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

	TERM
Current <u></u>	From <u></u> To <u></u>
Current <u></u>	From <u></u> To <u></u>
Previous <u></u>	From <u></u> To <u></u>
Previous <u></u>	From <u></u> To <u></u>
Previous <u></u>	From <u></u> To <u></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.

I was a volunteer with the Literacy Council for San Luis Obispo County. While employed by the Court, I was a Deputy Commissioner of Civil Marriages. I have a strong sense of community through my former employment as a Police Dispatcher and a Clerk at the Court. My time spent as a volunteer at the Senior Center has been an invaluable experience and has taught me the value of and genuine need for community services for seniors.

LAST NAME Chaney COMMITTEE NAME Senior Advisory Committee

READ CAREFULLY

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<input type="checkbox"/> Home address	<input type="checkbox"/> Business address	<input type="checkbox"/> Cell Phone Number
<input type="checkbox"/> Home phone number	<input type="checkbox"/> Business phone number	<input type="checkbox"/> Personal E-mail address
<input type="checkbox"/> Home Fax number	<input type="checkbox"/> Business fax number	<input type="checkbox"/> Business e-mail address

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Date Signature

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Date Mar 28, 2013 Signature [REDACTED]

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

Name of Advisory Body: Senior Advisory CommitteeName of Applicant: Robert (Bob) A. Chaney

First Name

Middle Initial

Last Name

Street Address: [REDACTED] City, Zip: Paso Robles 93446Mailing Address: [REDACTED] Paso Robles CA 93447

(if different from home)

P.O. Number

City

State

Zip

Home Phone: [REDACTED] Home Fax: () E-mail: [REDACTED]Retired? ☒ Occupation (if applicable) Vocational Instructor BakingEmployer (if applicable) Retired from Department of Corrections Avenal State PrisonWork Phone: () Work Fax: () E-mail:

EDUCATION & TRAINING

High School Petaluma High School Petaluma CA

Name

City

State

College Various

Name

City

State

Degrees/Majors Vocational Teaching Credential BakingOther Schools/Training

MEMBERSHIP IN ORGANIZATIONS

Paso Robles VFW Post 10965, Paso Robles Post 50 American Legion, Vietnam Veterans of America.
Central Coast Silhouette Shooters, Central Coast Sams RV Club.

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

Current Board of Trustees Paso Robles Veterans MemorialCurrent Vietnam Veterans of America California State Council Chairman Vietnam Incorporated CommitteePrevious Pres. Central Coast Silhouette ShootersPrevious Pres. Central Coast Firearms Educational FoundationPrevious

TERM

From To From 06/01/2012 To 06/01/2014From 1990 To 2001From 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.

Currently serve on Board of Trustees for the Memorial Building is ongoing until voted out. Vietnam Veterans of America California State Council member of the POW/MIA and Legislative Committees. I have presented before the State Legislative and County Supervisors in support of Veterans Issues. Before retirement is served on state correctional vocational education committees.

LAST NAME ChaneyCOMMITTEE NAME Senior Advisory Committee

READ CAREFULLY

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

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Date Signature

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Date Mar 28, 2013Signature [REDACTED]

April 10, 2013

Robert A. Chaney



To Whom It May Concern:

My name is Robert A. Chaney. I am interested in becoming a member of the Senior Advisory Committee. I am an active senior in our community.

I would like to serve on the committee because I am aware of issues of importance to seniors: medical needs, meals, transportation, socialization and recreation. I hope to bring a unique perspective to the committee due to my involvement with the Veteran's Building. I serve as the Senior Vice Commander of the VFW (Veterans of Foreign Wars). I am a member of the Board of Trustees for the Memorial Building and Chairman of the VVA (Vietnam Veteran Association) State Council serving as Chairman for Incarcerated Veterans, and a member of the Legislative Committee and POW MIA Committee.

I regret that I cannot be present for your interview process. Please consider my letter of request in my absence. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Robert A. Chaney".

Robert A. Chaney, Applicant