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

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APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION Name of Advisory Body: Name of Applicant: Middle Initial Street Address: Mailing Address: (if different from home) P.O. Number City State Home Phone: Home Fax Retired? Occupation (if applicable) Employer (if applicable) Work Phone: (E-mail: **EDUCATION & TRAINING** GRADE ENTERING INTO MEMBERSHIP IN ORGANIZATIONS St. Paul's, Cambria; Kiwanis; Retired teachers; University Wamen (Cambria); Poso Robles Republican Women Federated: Twin Cities lay chaplain (until recently) ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS TERM Current Senior Center Advisory To 2013 From From Previous То Previous From ADDITIONAL INFORMATION Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body. life member of the Paso Robles Senior volunteering at the receptionist desk each week, often have lanch with the many seniors with whom I mar complaints (none) complements I many), and ideas concerning Senior Center My Exills I which are ainitable to the Center district technical writer for 2-3 yrs); public organization. love to continue important 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. COMMITTEE NAME Senior Center

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City of Paso Robles

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

MAR 2 2 2013

Name of Advisory Body:	SCHIOR	ADVISOR	y Bo	ARI	>	
Name of Applicant:	Louis	5.7.	/	VI	LLANG	`
	irst Name	Middle Initial		Last Name	,	
Street Address:	., .		City, Zip: <u>I</u>	PASO	ROBLES	9.3446
Mailing Address:(if different from home)	P.O. Number	Çity	······································	State	Zip	
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Date		Signature				

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

Name of Advisory Body: Senior Advisory Com	mitee				
Name of Applicant: Marilyn	J	Carey			
First Name	Middle Initial		Last Name		
Street Address:		City, Zip: [Paso Rob	les	93446
Mailing Address: Same as street addr	ess Paso	Robles	CA	93446	
(il different from home) P.O. Number	City		State	Zip	
Home Phone: Home Fa	x: <u>()</u>	E-mail: _		_	
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EDUCATION & TRAINING					
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LAST NAME Carey	COMMI	TTEE NAME Sen	ilor Advi:	sory Com	nree
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City of Paso Robles

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

MAR 2 9 2013

Name of Advisory Body: Senior Advisory Co	mmittee						
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Name of Applicant: Mary (Pat) First Name	P. Middle lr	itial	Chaney	st Name			
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Mailing Address:	Pa	so Rob					
(if different from home) P.O. Number		City		ate Zip	_		
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Degrees/Majors No Degree/Majored in A	Administration	of Just	tice (unable	to complete o	ourses)		
Other Schools/Training. Previously cert	tified as a	Cosmeto	logist, Col	orado Spring	gs, CO. —		
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MEMBERSHIP IN ORGANIZATIONS							
Currently a volunteer Receptionist an Coast Sams RV Club.	d Librarian at	PR Senio	or Center, Se	cretary for Ce	ntral .		
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ADDITIONAL INFORMATION Please provide any supplemental information to thi this advisory body.	's application, inclu	ling the spe	ecific reason you b	elieve you should b	e appointed to		
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	CO	<i>A</i> MITTEE	NAME Senior	Advisory Com	mittee		
	READ CARE	ULLY					
This is a public document. I understand that all info	rmation contained v	rithin it will	be provided to th	e public upon reque	est.		
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Date Mar 28, 2013					-		

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

Name of Advisory Body: Senio		ee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	···		
Name of Applicant: Robert First Nam	(Bob)	A . Middle Initial	Cha	ney Last Nam		
Street Address:	e	whome minar	City, 2	ip; Paso Ro	_	93446
Mailing Address:		Paso R	obles	CA	93447	
(if different from home)	P,O, Number	City	_	State	Zip	
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Retired? ☑ Occupation (if a	pplicable) Vocatio	mal Instructor	c Baking			
Employer (if applicable) Retin	ed from Departme	nt of Correctio	ns Avenal	State Priso	m	
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LAST NAME Chaney		COMMIT	TEE NAME	Senior Adv	isory Cor	nmittee
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Date Mar 28, 2013

Haure /

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,

Robert A. Chaney, Applicant