

City of Paso Robles

APR 19 2017

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

Name of Advisory Body: Senior Citizens Advisory Committee

Name of Applicant: Eileen M Brown Brown

Street Address: City, Zip: CA 93446

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

Home Phone: Home Fax: E-mail:

Retired? Occupation (if applicable)

Employer (if applicable)

Work Phone: Work Fax: E-mail:

EDUCATION & TRAINING

High School Temple City High Temple City, CA

College Pasadena City College, Pasadena, CA City State

Degrees/Majors Associate's Degree

Other Schools/Training

MEMBERSHIP IN ORGANIZATIONS

North County Newcomers Club Traditions Community at River Oaks AARP

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current Current Previous Previous

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.

LAST NAME Brown

COMMITTEE NAME Senior Citizens Advisory Committee

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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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

Signature

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Date 4/19/2017

Signature

APR 06 2017

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

Name of Advisory Body: Senior Advisory Committee

Name of Applicant: DORIS G LANCE

Street Address: Paso Robles 93446

Mailing Address: (if different from home)

Home Phone: Fax: E-mail:

Retired? Occupation (if applicable)

Employer (if applicable) Part-time Cuesta College - Emeritus

Work Phone: Work Fax: E-mail:

EDUCATION & TRAINING

High School Brevard Senior High Brevard NC

College Western Carolina University Cullowhee, NC

Degrees/Majors Bachelor of Arts - Education / Psychology

Other Schools/Training Risk Communications, Conflict Resolution, Yoga Certificate

MEMBERSHIP IN ORGANIZATIONS Central Coast Watercolor Society - Matunengo Museum - IDEA Health & Fitness International Tourist Association

Table with columns: ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS, TERM. Rows for Current and Previous appointments.

ADDITIONAL INFORMATION

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

With a passion to educate and informative exchanges for a healthy community, I believe my skills could be an added addition to the Senior community.

LAST NAME DORIS LANCE COMMITTEE NAME Senior Advisory Com. READ CAREFULLY

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Date 4-4-17 Signature

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Date Signature

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

Name of Advisory Body: SENIOR ADVISORY BODY

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

Street Address: _____ City, Zip: PASO ROBLES 93446

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

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

Retired? Occupation (if applicable) _____

Employer (if applicable) _____

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

EDUCATION & TRAINING **GRADE ENTERING INTO** 10TH

High School HUCKENBACK HIGH HUCKENBACK N.S.
Name City State

College _____
Name City State

Degrees/Majors _____

Other Schools/Training _____

MEMBERSHIP IN ORGANIZATIONS

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current Senior Citizen Advisory

From 2015 To 2017

Current Senior Citizen Advisory

From 2013 To 2015

Previous _____

From _____ To _____

Previous _____

From _____ To _____

Previous _____

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 live in Paso Robles about eleven years & have
attended the Senior Center from just about day one.
I have volunteered my time in most of those years.
Keeping informed about what is going on in the city
and how it concerns the center is important to me.

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 VILLANO

COMMITTEE NAME SENIOR ADVISORY

READ CAREFULLY

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- Cell Phone Number
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Date 4/4/17

Signature _____

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Date _____

Signature _____

City of Paso Robles

APR 11 2017

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

Name of Advisory Body: Senior Citizen Advisory Committee

Name of Applicant: Mara S. Whitten

Street Address: City, Zip: Paso Robles 93446

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

Home Phone: Home Fax: E-mail:

Retired? Occupation (if applicable) Program Manager

Employer (if applicable) Community Action Partnership Adult Day Center

Work Phone: Work Fax: E-mail:

EDUCATION & TRAINING

High School Leland High School San Jose CA

College Cal Poly San Luis Obispo CA

Degrees/Majors BS in Human Development with a concentration in Gerontology

Other Schools/Training. AA degree from Cuesta College

MEMBERSHIP IN ORGANIZATIONS

American Association of University Women, Paso Robles

ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS

TERM

Current Coast Caregivers Resource Center
Current Project Lifesaver
Previous
Previous
Previous

From 2013 To
From 02/01/2010 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 working in the community for the last 25 years assisting seniors with resources and services to help improve the quality of their lives. I believe my experience and training could be helpful to the Senior Citizen Advisory Committee.

LAST NAME Whitten COMMITTEE NAME Senior Citizen Advisory Committee

READ CAREFULLY

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Date Apr 11, 2017 Signature

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Date Signature

MAR 08 2017

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

Name of Advisory Body: Senior Advisory Board CITY OF PASO ROBLES

Name of Applicant: TINA L. SCARSELLA
Middle Initial Last Name

Street Address: _____ City, Zip: PASO ROBLES 93446

Mailing Address: _____
(if different from home) P.O. Number City

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

Retired? Occupation (if applicable) Technical Training Specialist

Employer (if applicable) San Bernardino City Unified School District

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

EDUCATION & TRAINING

High School PACIFIC High School San Bernardino, CA

College San Bernardino Valley College " " " "

UNITED Health careers " " " "

Degrees/Majors _____

Other Schools/Training _____

certified word perfect instructor
many technical training classes related to my employment as technical instructor of Info Technology.

MEMBERSHIP IN ORGANIZATIONS

North County Newcomers
American Humanist Assoc.

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 am recently retired + relocated to Paso Robles. I teach two classes at the Recreation Services Center as well as coord. a hiking + social dance group through North County newcomers. I would like to get as much involved in this community as possible

LAST NAME _____ COMMITTEE NAME _____

READ CAREFULLY

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Date 3/2/2017

Signature _____

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Date _____

Signature _____