

MEMORANDUM
OFFICE OF THE
BOARD OF SUPERVISORS
COUNTY OF PLACER

TO: Honorable Board of Supervisors

FROM: Teri Sayad-Ivaldi, Senior Administrative Aide

DATE: May 8, 2012

SUBJECT: COMMITTEES AND COMMISSIONS – Placer County Area 4 Agency on Aging Advisory Council – Approve the appointment of Joleen Anderson to Seat #1 (representing Board of Supervisors).

ACTION REQUESTED

Placer County Area 4 Agency on Aging Advisory Council – Approve the appointment of Joleen Anderson to Seat #1 (representing Board of Supervisors).

BACKGROUND

The purpose of the Placer County Area 4 Agency on Aging Advisory Council is to serve as an advocate for senior citizens and advise the Area 4 Agency on Aging (A4AA) staff on matters related to administration and advancement of the Area Plan, including objectives and funding matters. Advise and make recommendations which provide support and input ascertaining the changing needs of the elderly in member's respective counties and facilitate communication between the counties of A4AA. The committee meets the third Thursday of each month, with meeting locations rotating between the A4AA represented counties.

FISCAL IMPACT

None.

PLACER COUNTY AREA 4 AGENCY ON AGING ADVISORY COUNCIL

PUBLIC COMMITTEE

PURPOSE: Serve as principal advocate body on behalf of senior citizens. Advise A4AA staff on matters relating to development and administration of the Area Plan including goals, objectives and funding recommendations. Advise and make recommendations for appropriate action to the A4AA Governing Board on matters relating to development and administration of the Area Plan and operations conducted. Assist A4AA by providing support and input in ascertaining the changing needs of the elderly in member's respective counties. Facilitate communication between the counties of A4AA.

CONFLICT OF INTEREST: Yes

COMPOSITION: Comprises five representatives from Placer County: 2 representatives appointed by the Board of Supervisors, 2 by PC Older Adult Advisory Council, 1 by Nutritional Project Council.

MEETINGS: 3rd Thursday of the month. Meetings rotate between 7 Counties.

COMPENSATION: Non-Supervisors and those who are not otherwise reimbursed for mileage receive the current IRS business rate per mile.

COUNTY CONTACT PERSON

Jim Holmes, Supervisor
(530) 889-4010
175 Fulweiler Ave.
Auburn, CA 95603-

CONTACT PERSON

Deanna Lea, Executive Director
(916) 486-1876
2260 Park Towne Circle, Ste 100
Sacramento, CA 95825-

CURRENT MEMBERS

SEAT # 1

Vacant Seat
REPRESENTS: Board of Supervisors
TERM LENGTH: 3 years
APPOINTED BY: BOS
EXPIRES: 6/30/2013

SEAT # 2

Gloria Plasencia
REPRESENTS: PC Older Adult Advisory
TERM LENGTH: 3-years
APPOINTED BY: Commission on Aging
EXPIRES: 6/30/2014

SEAT # 3

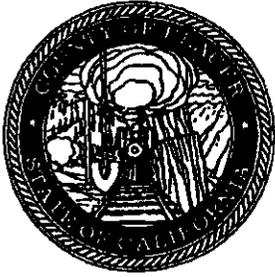
Jean Rios
REPRESENTS: Nutrition Project
TERM LENGTH: 3-years
APPOINTED BY: Nutrition Project
EXPIRES: 6/30/2012

SEAT # 4

Irwin Herman
REPRESENTS: PC Older Adult Advisory
TERM LENGTH: 3 years
APPOINTED BY: PC Older Adult Adv.
EXPIRES: 6/30/2014

SEAT # 5

Bryan Woodhouse
REPRESENTS: BOS
TERM LENGTH: 3 years
APPOINTED BY: Board of Supervisors
EXPIRES: 6/30/2013



PLACER COUNTY
BOARD OF SUPERVISORS

APPLICATION FOR MEMBERSHIP ON
ADVISORY BOARD OR COMMISSION



APPLICATION FOR MEMBERSHIP ON: A4AA Advisory Council
(NAME OF BOARD, COMMISSION, OR COMMITTEE)

IF THIS BOARD/COMMISSION/COMMITTEE CALLS FOR A SPECIFIC TYPE MEMBER, PLEASE INDICATE THE
POSITION FOR WHICH YOU ARE APPLYING: Advisory Council Member (BOS appointed)

NAME: Joleen Anderson

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: Supervisorial District 1

TIMES YOU ARE AVAILABLE FOR MEETINGS: DAYS: open TIMES open

EMPLOYMENT EXPERIENCE/PROFESSION (A RESUME MAY BE ATTACHED): see attached resume

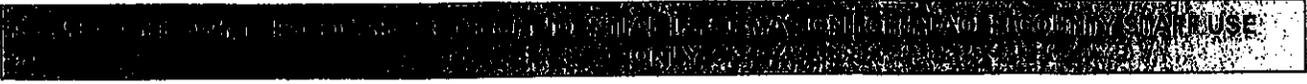
ORGANIZATION/COMMUNITY EXPERIENCE: PSA2 Area Agency on Aging Advisory Council
(see attached resume)

EDUCATIONAL EXPERIENCE: BA--California State University, Sacramento
(see attached resume)

APPLICATIONS WILL BE RETAINED FOR TWO YEARS

APPLICATION MUST BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS
175 FULWEILER AVENUE, ROOM 101, AUBURN, CALIFORNIA 95603

DATE: March 14, 2012 SIGNATURE Joleen Anderson



RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBERS: HOME: _____ BUSINESS: _____

FAX: _____ E-MAIL: _____

