

**MEMORANDUM
PLACER COUNTY HEALTH AND HUMAN SERVICES
Adult System of Care**

TO: Honorable Board of Supervisors

FROM: Richard J. Burton, M.D., M.P.H.
Placer County Health Officer and Director of Health & Human Services
Maureen F. Bauman, Director of Adult System of Care

DATE: December 19, 2006

SUBJECT: Request to appoint David Shirley, M.D. to Older Adult Advisory Commission (OAAC)
Seat #16

ACTION REQUESTED:

The Older Adult Advisory Commission (OAAC) respectfully requests that the Board of Supervisors appoint David Shirley, M.D. to OAAC Seat #16 (Senior Service Organization/Provider).

BACKGROUND:

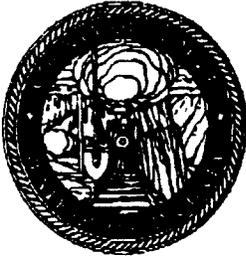
The OAAC provides a voice for older adults in county government. The Commission advises the Board of Supervisors and the Department of Health and Human Services on matters relating to the creation and delivery of services promoting well-being and quality of life for older adults. The Board of Supervisors appoints members to the OAAC upon recommendation of the Commission.

The Board of Supervisors recently declared OAAC Seat #16 vacant. Seat #16 is designated for a Senior Service Organization/Provider. Dr. Shirley is a family practice physician, and a significant portion of his practice is with older adults. He is a Placer County resident, has attended Commission meetings, and has expressed enthusiastic interest in being appointed to the OAAC. The Commission recommends appointment of Dr. Shirley to OAAC Seat #16.

Dr. Shirley's application for OAAC membership is attached hereto for your review.

FISCAL IMPACT:

This action has no fiscal impact to the County General Fund.



PLACER COUNTY
BOARD OF SUPERVISORS

APPLICATION FOR MEMBERSHIP ON
ADVISORY BOARD OR COMMISSION

THE FOLLOWING IS PUBLIC INFORMATION

APPLICATION FOR MEMBERSHIP ON: Older Adult Advisory Commission
(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: _____

NAME: David F. Shirley

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: _____

TIMES YOU ARE AVAILABLE FOR MEETINGS: DAYS: Mon - Friday TIMES 9am - 5pm

EMPLOYMENT EXPERIENCE/PROFESSION (A RESUME MAY BE ATTACHED): _____

Family Practice Physician
currently owner of Full Circle Health medical practice

ORGANIZATION/COMMUNITY EXPERIENCE: _____
Fairly new to Placer county

EDUCATIONAL EXPERIENCE: Finished medical school 1986
at Michigan State University, College of Human Medicine
Residency training - completed in 1989

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: 1/18/2006 SIGNATURE David F. Shirley, MD

THE FOLLOWING IS CONSIDERED CONFIDENTIAL INFORMATION FOR PLACER COUNTY STAFF USE ONLY