

COMMISSION ON AGING
PROFILE / APPLICATION

NAME Carolyn Gomes

TELEPHONE (Home) [REDACTED] (Work) [REDACTED] (Cell) [REDACTED]

ADDRESS [REDACTED] CITY & ZIP [REDACTED]

EMAIL [REDACTED] RESIDENCE DISTRICT: 1

1. Briefly summarize your involvement in senior activities (Community involvement, Senior Organizations, Community Activities or memberships, etc.).

In the past, I owned and operated 3 residential ICF DDH care facilities. Several of my residents were senior citizens. I have relationships with several senior whom I visit with from time to time. I'm a member of a local church and we do various things to help senior shut-ins in our community.

2. List other specialized education and/or experience with which you have been involved which would contribute to this organization.

I have strong leadership skills and collaborate well in a team environment and in the past have led and facilitated teams in various volunteer organizations within our community. I regularly watch BOS & City Council meetings.

3. Additional comments:

Applicants Signature: Carolyn Gomes

Date: 2-12-23

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Composition of the Commission:

- A. The Commission shall be comprised of eight (8) members – one from each of the five supervisorial districts, appointed by the supervisor from that district; and one each from the cities of Anderson, Redding, and Shasta Lake, appointed by the City Councils of those cities.
 - 1. At least 50% of the Commission shall be comprised of persons 60 years of age or older.
 - 2. In order to establish a balance, a variety of backgrounds shall be considered.
 - 3. There shall be no unlawful discrimination against any applicant because of race, religion, color, national origin, ancestry, physical handicap, medical condition marital status, age or sex.
 - 4. Providers and their paid employees are ineligible.

- B. Suggested Guidelines for Qualifications
 - 1. Experience in working with senior programs
 - 2. Recommendation from a senior organization preferred
 - 3. Demonstrated ability for leadership
 - 4. Demonstrated ability to work harmoniously with others (especially senior citizens)
 - 5. Willingness and ability to devote time and effort to the Commission's goals (including attendance at meetings)
 - 6. Commitment to the purpose of the Older Americans and Older Californians Acts.

DEMOGRAPHIC PROFILE

Name: Carolyn Gomes

In an effort to meet Federal and State Regulations, please complete this questionnaire which helps to capture and identify the Commission's diverse membership. Your voluntary response is greatly appreciated.

Please check any of the following classifications which apply to you:

AGE:

Yes No Under 60

Yes No 60+

Yes No 75+

OTHER REPRESENTATION:

Yes No Disabled Representative

Yes No Persons With Leadership Experience In The Private and Voluntary Sectors

Yes No Low Income Representative

Yes No Health Care Provider Representative

Yes No Local Elected Officials

Yes No Supportive Services Provider Representative

RACE/ETHNIC COMPOSITION:

Yes No White

Yes No Hispanic

Yes No Black

Yes No Asian/Pacific Islander

Yes No Native American/Alaskan/Native

Yes No Other

Signature: Carolyn Gomes

Date: 2-12-23