

PSA 2 AREA AGENCY ON AGING EXECUTIVE BOARD PROFILE / APPLICATION

NAME Ann Morningstar TELEPHONE [REDACTED]
ADDRESS [REDACTED] CITY & ZIP Shasta Lake 96019
EMAIL [REDACTED] FAX NUMBER [REDACTED]

- Briefly summarize your involvement in senior activities (Community involvement, Senior Organizations, Community Activities or memberships, etc.).
The majority of my experience I have with elderly folks is taking care of them. I have taken care of my inlaws & neighbors.
- List other specialized education and/or experience with which you have been involved which would contribute to this organization.
I am on three boards.
Shasta Lake Fire protection District
Shasta County Public Health Advisory Board
Shasta Mosquito and Vector Control District
- List your leadership roles in regards to services to seniors, community-based programs, or other areas.
I am the President of the board of Directors of the Shasta Lake Fire Protection District
I am Treasurer Shasta Mosquito and Vector Control District Board
- Additional comments:
My Retirement date is the end of May. I'm interested in the services for Aging People

Applicants Signature: Ann Morningstar

Date: 1-23-18

Feel free to attach additional pages.

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JAN 23 2018

CLERK OF THE BOARD

DEMOGRAPHIC PROFILE

Name: Ann Morningstar

In an effort to meet Federal and State Regulations, please complete this questionnaire which assists the appointing authority to capture, identify, and evaluate the membership requirements of the Executive Board. Your voluntary response is greatly appreciated.

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

AGE:

- ☐ Under 60
- ☒ 60+
- ☐ 75+

RACE/ETHNIC COMPOSITION:

- ☒ White
- ☐ Hispanic
- ☐ Black
- ☐ Asian/Pacific Islander
- ☐ Native American/Alaskan/Native
- ☐ Other

OTHER REPRESENTATION:

- ☐ Disabled Representative
- ☐ Persons with Leadership Experience in the Private and Voluntary Sectors
- ☐ Low Income Representative
- ☐ Health Care Provider Representative
- ☐ Local Elected Official
- ☐ Supportive Services Provider Representative
- ☐ Family Caregiver Representative
- ☐ Other - Please describe:

Date: 1-23-18

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