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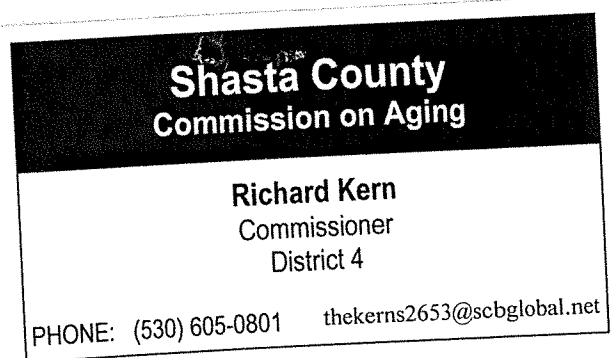
PSA 2 AREA AGENCY ON AGING CLERK OF THE BOARD  
ADVISORY COUNCIL PROFILE / APPLICATION

NAME RICHARD KERN TELEPHONE [REDACTED]  
ADDRESS [REDACTED] CITY & ZIP SHASTA LAKE 96019  
EMAIL [REDACTED] FAX NUMBER \_\_\_\_\_

1. Briefly summarize your involvement in senior activities (Community involvement, Senior Organizations, Community Activities or memberships, etc.).  
SHASTA COUNTY COMMISSION ON Aging.  
DISTRICT 2 COMMANDER AMERICAN LEGION  
VOLUNTEER NIXE CHANNEL 9 PBS

2. List other specialized education and/or experience with which you have been involved which would contribute to this organization.  
CITY COUNCILMAN FOR CITY OF SHASTA LAKE

3. Additional comments:



Applicants Signature: [Signature]

Date: 1-12-18

Feel free to attach additional pages.

## DEMOGRAPHIC PROFILE

Name: RICHARD KERN

In an effort to meet Federal and State Regulations, please complete this questionnaire which helps to capture and identify the diversity of the Advisory Council's membership. 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

Date: 1-12-18

Signature: \_\_\_\_\_