

AGENCY
ON AGING
AREA 4

APPLICATION OF INTEREST TO FILL VACANCY

(Please type or print legibly)

NAME OF BOARD OR COMMITTEE ON WHICH YOU WOULD LIKE TO SERVE:

ADVISORY COUNCIL GOVERNING BOARD

NAME: Kelly Carpenter COMPANY NAME: Nevada County

ADDRESS: 950 Maiden Ave JOB TITLE: Program Manager

CITY, STATE, ZIP CODE: Nevada City 95959 E-MAIL: Kelly.Carpenter@co.nevada.ca.us

PREFERRED PHONE NUMBER: 265-7667 WORK/ALT. PHONE NUMBER: 530-559-2632

COMMITTEES: (Check all that apply)

AREA PLAN DIVERSITY COMMITTEE FINANCE GRANTS REVIEW NOMINATING

JOINT PROGRAM EVALUATION COMMITTEE (JPEC) LEGISLATIVE RULES OF PROCEDURE

PUBLIC RELATIONS/POINT PERSON(S)

PLEASE STATE YOUR QUALIFICATIONS AND/OR REASONS FOR WISHING TO SERVE ON THIS BOARD OR COMMITTEE. (Attach a separate sheet if necessary):

see attached

If appointed, I commit to attend meetings and fulfilling the responsibilities associated with the appointment. Meetings are held monthly and are open to the public. An average of 6-10 hours commitment per month is expected. This includes preparation, travel time, general meetings and committee work.

[Signature]
SIGNATURE

2/2/2021
DATE

Please return completed application to:

Agency on Aging, Area 4
1401 El Camino Avenue, 4th Floor
Sacramento, CA 95815
Phone: 916-486-1876 - Email: www.agencyonaging4.org

Adult Services of Nevada County provides a wide array of services and supports to elders and adult with disabilities in our community with the goal of helping individuals remain safely in their homes. I have worked in Adult Services for 14 years and new to my role as Program Manager. I am interested in increasing my collaboration and working knowledge of Area 4 so our Adult Services Team can continue to support and enhance our community service goals. I appreciate your consideration. Thank you.

A handwritten signature in blue ink, appearing to be 'J. M. ...', written in a cursive style.