



# SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

## BOARD DETAILS



OVERVIEW



**SIZE** 7 Seats



**TERM LENGTH** 2 Years



**TERM LIMIT** 6 Years

The Senior Companion Program Advisory Committee advises the City Council, City Manager, and Parks Department Staff regarding the Senior Companion Program (SCP) including, but not limited to: recruitment strategies; providing support in recruitment of volunteers and volunteer stations; serving as community advocates and liaisons; assisting in development of non-federal resources to include fundraising; advising on programming for impact; advising on how to measure trends and impact of trends in the community; assisting with development and implementation of program evaluations and surveys; conducting an annual assessment of the program by surveying program volunteers; bi-annually assessing project accomplishments and impact; and attending special events and activities related to the SCP.



DETAILS

### COMPOSITION

The committee shall consist of seven (7) members and must express an interest in the issues of older adults and have knowledge of the capabilities of older adults. The committee shall be composed of the following: 1 - SCP Volunteer (active volunteer for one-year/serve minimum fifteen (15) hours per week), 1 - SCP Volunteer Workstation representative (executive, director or similar leadership position at a current SCP Volunteer Station), and 5 - At-Large. All terms shall be two (2) years.

### CREATION / AUTHORITY

Ordinance No. 027915, 10/28/08.

### MEETS

Last Thursday of every month at 4:00 p.m., Lindale Senior Center.

### TERM DETAILS

Two-year staggered terms.

### DEPARTMENT

Parks and Recreation Department

### COMMITTEE/ SUBCOMMITTEE AGENDAS

N/A

### OTHER INFORMATION

## Senior Companion Program Advisory Committee Members

### July 18, 2017

One (1) vacancy with term to 6/16/19 representing the following category: 1 - At-Large. *(Note: Martin Longoria declined his appointment by City Council on 6/20/17. The Senior Companion Program Advisory Committee is recommending the new appointment of Maria I. Odeh (At-Large)).*

Name	Board Name	Status	District	Term	End Date	Position	Category
Vacancy	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Vacant			06/16/19	Member	At-Large
Christine Head	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 1	Partial	06/16/18	Member	SCP Volunteer
Jeannine M. Leal	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 4	1	06/16/18	Member	At-Large
Sherry DuBois	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 5	2	06/16/19	Co-Chair	At-Large
Veronica Marsello	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 2	2	06/16/19	Member	SCP Volunteer Station
Tami Longino	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 4	3	06/16/19	Chair	At-Large
Veronica Ramirez	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 3	1	06/16/18	Member	At -Large

**Senior Companion Program Advisory Committee Applicants**  
**July 18, 2017**

Name	Boards Applying For	District	Employer	Work Address	City	St.	Work Phone	Category
Maria I. Odeh	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	District 2	Gentiva Hospice	5330 South Staples	Corpus Christi	TX	361-992-2700	At-Large
Gloria Ortiz	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	District 1						At-Large

## Application for a City Board, Committee, or Commission

### Profile

<u>Prefix</u>	<u>Maria</u>	<u>I</u>	<u>Odeh</u>	<u>Suffix</u>
	First Name	Middle Initial	Last Name	
<u>[REDACTED]</u>				
Email Address				

### Which Boards would you like to apply for?

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE: Submitted

<u>[REDACTED]</u>	<u>[REDACTED]</u>
Street Address	Suite or Apt
<u>[REDACTED]</u>	State
City	Postal Code

### What district do you live in? \*

☒ District 2

<u>[REDACTED]</u>	<u>[REDACTED]</u>
Primary Phone	Alternate Phone

<u>Gentiva Hospice</u>	<u>Medical Social Worker</u>
Employer	Job Title

5330 South Staples

Work Address - Street Address and Suite Number

Corpus Christi

Work Address - City

Texas

Work Address - State

78411

Work Address - Zip Code

Maria I Odeh

361-992-2700

Work Phone

maria.odeh@gentiva.com

Work E-mail address

## Preferred Mailing Address

☒ Work Address

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## Interests & Experiences

**Do you currently serve on any other City board, commission or committee at this time? If so, please list:**

No

## Education, Professional and/or Community Activity (Present)

Master of Social Work 21 years experience as Hospice Social Worker, 8 Years experience in Healthcare related social work; 6 years experience as Senior Companion Volunteer Services Advisory Board; Over 10 years as Volunteer Station Liason for Senior Companion Volunteer Community Services

## Why are you interested in serving on a City board, commission or committee?

I have served in the past, and I am interested in resuming my position since I continue to be committed to the Senior Community Volunteer Services Program.

## Registered Voter?

☒ Yes ☐ No

## Current resident of the city?

☒ Yes ☐ No

31 years

If yes, how many years?

[Maria\\_Isabel\\_Odeh\\_Resume.pdf](#)

Upload a Resume

Please upload any additional supporting documents

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## Demographics

### Ethnicity

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☒ Hispanic

### Gender

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☒ Female

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## Verification

**City Code Requirement - As a board, commission, or committee member, you will be asked to adhere to: City Code of Ordinances, Section 2-65, which states that all members of City boards and commissions, including ad hoc committees, appointed by the City, must be residents of the city. A move outside the city limits of the city by any member shall constitute automatic resignation from the particular board or commission on which such member served. Also, City Code of Ordinances, Section 2-61, which provides that absences from more than 25% of regularly scheduled meetings during a term year on the part of any board, commission, or committee member shall result in an automatic termination. An absence shall be deemed unexcused unless excused by the board, commission or committee for good cause no later than its next meeting after the absence.**

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☒ I Agree

**Consent for Release of Information - I understand that if any member of the public makes a request for information included in this application for appointment it must be disclosed under the Public Information Act. I also understand that it may not be legally possible to maintain the confidentiality of such information, and I hereby release the City of Corpus Christi, and its agents, employees and officers, from any and all liability whatsoever if the information must be released pursuant to the Public Information Act.**

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☒ I Agree

**Oath - I swear that all of the statements included in my application and attached documents, if any, are true and correct.**

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☒ I Agree

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**Board-specific questions (if applicable)**

Question applies to SENIOR COMPANION PROGRAM ADVISORY COMMITTEE.

**Per city ordinance, the committee must include members representing certain categories. Do you qualify for any of the following categories? \***

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☒ SCP Volunteer Workstation Representative (Executive, Director or similar leadership position at a current SCP Volunteer Station)

**Maria Isabel Odeh**

**Employment**

**Gentiva Hospice, An Affiliate of Kindred at Home/Medical Social Worker – July 1996 to Present**

**Provide teaching, counseling and support to terminally ill patients and their families.**

**Home Health Social Worker – Independent Contractor 1993 to 1996**

**Social work services to patients in numerous home health agencies in the Community.**

**Christus Spohn Hospital – 1990 to 1993**

**Hospital social worker - Discharge planning services in hospital setting.**

**Bayview Hospital – 1987 to 1990**

**Psychiatric social worker-individual, group and family therapy in hospital setting.**

**Texas Department of Human Services – 1982 -1987**

**Child Protective Services Caseworker**

**Education**

**Master of Social Work, 1982; Bachelor of Social Work, 1981**

**Our Lady of the Lake University, San Antonio, Texas**

**Community Involvement**

**City of Corpus Christi – Advisory Board Member/Senior Companion Volunteer Program  
2009 - 2016**



Application for a City Board, Committee, or Commission

Profile

Prefix	Gloria	Middle Initial	Ortiz	Suffix
First Name				
Last Name				
Email Address				

Which Boards would you like to apply for?

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE: Submitted

Street Address	Suite or Apt
City	State
	Postal Code

What district do you live in? \*

☒ District 1

Primary Phone	Alternate Phone
Employer	Job Title
Work Address - Street Address and Suite Number	
Work Address - City	
Work Address - State	
Work Address - Zip Code	

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Work Phone

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gloriaortiz44@yahoo.com

Work E-mail address

## Preferred Mailing Address

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☒ Home/Primary Address

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## Interests & Experiences

**Do you currently serve on any other City board, commission or committee at this time? If so, please list:**

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No

## Education, Professional and/or Community Activity (Present)

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GED. I enjoy fishing and sewing.

**Why are you interested in serving on a City board, commission or committee?**

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## Registered Voter?

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☒ Yes ☐ No

## Current resident of the city?

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☒ Yes ☐ No

**Born and raised here in C.C.**

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If yes, how many years?

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Upload a Resume

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Please upload any additional supporting documents

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### Gender

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☒ Female

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