

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

***Three (3) vacancies with terms to 6-16-20, representing the following categories: 1 - SCP Volunteer, and 2 - At-Large. (The Senior Companion Program Advisory Committee is recommending the reappointment of Christine Head (SCP Volunteer), the reinstatement of Jeannine Leal (At-Large) and the new appointment of Lidia Lopez (At-Large).**

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.

Name	Term	Appt. date	End date	Appointing		Status	Category	Attendance
				Authority	Position			
*Christine Head	Partial	5/9/2017	6/16/2018	City Council		Seeking reappointment	SCP Volunteer	5/6 Meetings 83% (1 excused absence)
**Jeannine M Leal	1	9/27/2016	6/16/2018	City Council		Seeking reinstatement	At-Large	
*Veronica Ramirez	1	3/24/2015	6/16/2018	City Council		Exceeded number of absences allowed by ordinance	At -Large	
Tami Longino	3	9/10/2013	6/16/2019	City Council	Vice-Chair	Active	At-Large	
Veronica Marsello	2	3/24/2015	6/16/2019	City Council	Secretary	Active	SCP Vol. Station	
Maria I Odeh	1	7/18/2017	6/16/2019	City Council	Chair	Active	At-Large	
Gloria Ortiz	Partial	11/14/2017	6/16/2019	City Council		Active	At-Large	

**She exceeded the number of absences allowed by ordinance for work-related reasons. She says she can now attend the meetings and is requesting reinstatement.

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

Applications

Name	District	Category
Lidia Lopez	District 3	At-Large Member
Betsy Miller	District 5	At-Large Member
Mrs Sandra S Perez	District 5	At-Large and SCP Volunteet Station

Application for a City Board, Commission, Committee or Corporation

Profile

Lidia Lopez
First Name Last Name

llopez@curohs.com
Email Address

3901 CAPRI
Street Address

CORPUS CHRISTI TX 78415
City State Postal Code

What district do you live in? *

District 3

Current resident of the city?

Yes No

26 years
If yes, how many years?

Mobile: (361) 813-0488 Business: (361) 814-3600
Primary Phone Alternate Phone

NEW CENTURY HOSPICE VOLUNTEER COORDINATOR
Employer Job Title

4550 CORONA DRIVE
Work Address - Street Address and Suite Number

CORPUS CHRISTI
Work Address - City

TEXAS
Work Address - State

78411
Work Address - Zip Code

3618143600
Work Phone

llopez@curohs.com
Work E-mail address

Preferred Mailing Address

Work Address

Which Boards would you like to apply for?

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE: Archived

Interests & Experiences

Are you a registered voter?

Yes No

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

No

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

to contribute to growth and future success of the organization.

Are you an ex-Officio member of a City Board, commission or committee?

Yes No

Demographics

Gender

Female

Code of Ethics - Rules of Conduct/Conflicts of Interest

Do you represent any person or organization in any claim or lawsuit or proceeding involving the City?

Yes No

Do you, your spouse, your business or your spouse's business have a City contract?

Yes No

Does your employer or your spouse's employer have a City contract?

Yes No

Are you involved with any activities or employment that would conflict with the official duties on the City boards for which you are applying?

Yes No

Are you, your spouse, your business or your spouse's business involved in any pending bid, proposal or negotiation in connection with a contract with the City?

Yes No

Do you or your spouse have a pending claim, lawsuit or proceeding against the City?

Yes No

If you answer "Yes" to any of the questions above, please explain or ask to speak with the City's Legal Department.

did not answer yes to any of the questions above.

Board-specific questions (if applicable)

Question applies to SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

The Senior Companion Advisory Committee must include members representing certain categories. Do you qualify for any of the following categories? *

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

Verification**City Code Requirement - Residency**

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.

I Agree

City Code Requirement - Attendance

As a board, commission, or committee member, you will be asked to adhere to 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.

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 or in any attachment (e.g. resume or supporting documentation) for appointment it is subject to and must be disclosed under the Texas Public Information Act. I understand that under the Texas Public Information Act, my home address and home telephone number is subject to public disclosure unless I am elected or appointed to the position which I seek. I hereby consent to the release of my home address and home telephone number should it be requested under the Texas Public Information Act prior to my possible appointment or election. 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 Texas Public Information Act.

I Agree

Oath

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

I Agree

Application for a City Board, Commission, Committee or Corporation

Profile

Betsy

First Name

Miller

Last Name

betsy@rivercityhomecare.com

Email Address

6921 Meadowbreeze Parkway

Street Address

Corpus Christi

City

TX

State

78414

Postal Code

What district do you live in? *

District 5

Current resident of the city?

Yes No

4

If yes, how many years?

Home: (361) 563-0589

Primary Phone

Business: (361) 765-5100

Alternate Phone

River City Home Care

Employer

Assistant Vice President

Job Title

5262 S Staples #215

Work Address - Street Address and Suite Number

Corpus Christi

Work Address - City

Texas

Work Address - State

78411

Work Address - Zip Code

361-452-2323

Work Phone

betsy@rivercityhomecare.com

Work E-mail address

Preferred Mailing Address

Work Address

Which Boards would you like to apply for?

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE: Submitted

Interests & Experiences

Are you a registered voter?

Yes No

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

No

If you applied for multiple boards, which boards are you most interested in serving on, in order of preference? (Limit to top three)

N/A

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

We work with Seniors in our community and would love to reach out and help more!

Are you an ex-Officio member of a City Board, commission or committee?

Yes No

Demographics

Gender

Female

Code of Ethics - Rules of Conduct/Conflicts of Interest

Do you represent any person or organization in any claim or lawsuit or proceeding involving the City?

Yes No

Do you, your spouse, your business or your spouse's business have a City contract?

Yes No

Does your employer or your spouse's employer have a City contract?

Yes No

Are you involved with any activities or employment that would conflict with the official duties on the City boards for which you are applying?

Yes No

Are you, your spouse, your business or your spouse's business involved in any pending bid, proposal or negotiation in connection with a contract with the City?

Yes No

Do you or your spouse have a pending claim, lawsuit or proceeding against the City?

Yes No

If you answer "Yes" to any of the questions above, please explain or ask to speak with the City's Legal Department.

NO

Board-specific questions (if applicable)

Question applies to SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

The Senior Companion Advisory Committee must include members representing certain categories. Do you qualify for any of the following categories? *

None of the above

Verification**City Code Requirement - Residency**

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Application for a City Board, Commission, Committee or Corporation

Profile

Mrs Sandra S Perez
 Prefix First Name Middle Initial Last Name

[Redacted]
 Email Address

7026 Copper Mountain Dr
 Street Address

Corpus Christi TX 78413
 City State Postal Code

What district do you live in? *

District 5

Current resident of the city?

Yes No

2
 If yes, how many years?

Mobile: (956) 659-7115
 Primary Phone

Mobile: (956) 659-7115
 Alternate Phone

Save Home Health
 Employer

Patient Coordinator
 Job Title

719 N Upper Broadway Ste 100
 Work Address - Street Address and Suite Number

Corpus Christi
 Work Address - City

Texas
 Work Address - State

78401
 Work Address - Zip Code

361-855-9393
 Work Phone

[Redacted]
 Work E-mail address

Preferred Mailing Address

Home/Primary Address

Which Boards would you like to apply for?

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE: Submitted

Interests & Experiences

Are you a registered voter?

Yes No

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

None

Education, Professional and/or Community Activity (Present)

None

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

Because I am interested in the mental and physical health of the Corpus Christi elderly.

Are you an ex-Officio member of a City Board, commission or committee?

Yes No

Demographics

Gender

Female

Code of Ethics - Rules of Conduct/Conflicts of Interest

Do you represent any person or organization in any claim or lawsuit or proceeding involving the City?

Yes No

Do you, your spouse, your business or your spouse's business have a City contract?

Yes No

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