



# 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**  
**April 11, 2017**

One (1) vacancy with term to 6-6-18 representing the following category: 1 - Senior Companion Program Volunteer. *(Note: The Senior Companion Program Advisory Committee is recommending the new appointment of Christine Head (Senior Companion Program Volunteer)).*

Name	Board Name	Status	District	Term	End Date	Category	Position
Vacant	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE				06/16/18	Senior Companion Program Volunteer	
Jeannine M. Leal	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 4	1	06/16/18	At-Large	Member
Veronica Marsello	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 2	1	06/16/17	SCP Volunteer Workstation Representative	Member
Sherry DuBois	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 5	1	06/16/17	At-Large	Co-Chair
Tami Longino	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 4	2	06/16/17	At-Large	Chair
Shirley Selz	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 5	3	06/16/17	At-Large	Member
Veronica Ramirez	SENIOR COMPANION PROGRAM ADVISORY COMMITTEE	Active	District 3	1	06/16/18	At -Large	Member

**Senior Companion Program Advisory Committee Applicants**  
**April 11, 2017**

<b>Name</b>	<b>Boards Applying For</b>	<b>District</b>	<b>Category</b>
<b>Christine Head</b>	<b>SENIOR COMPANION PROGRAM ADVISORY COMMITTEE</b>	<b>District 1</b>	<b>Senior Companion Program Volunteer</b>
<b>Gloria Ortiz</b>	<b>SENIOR COMPANION PROGRAM ADVISORY COMMITTEE</b>	<b>District 1</b>	<b>Senior Companion Program Volunteer</b>

## Profile

Prefix	Christine	Middle Initial	Head	Suffix
				
Email Address				

## Which Boards would you like to apply for?

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

		
Street Address	Suite or Apt	
		
City	State	Postal Code

## District 1

What district do you live in?

	
Primary Phone	Alternate Phone

Employer	Job Title
----------	-----------

Work Address - Street Address and Suite Number

Work Address - City

Work Address - State

Work Address - Zip Code

---

Work Phone

---

christinehe1947@gmail.com

Work E-mail address

---

Home/Primary Address

Preferred Mailing Address

---

## 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)

---

12th grade. I have been a senior companion for over 7 years.

## Registered Voter?

---

☒ Yes ☐ No

## Current resident of the city?

---

☒ Yes ☐ No

---

70 years

If yes, how many years?

---

Upload a Resume

---

Please upload any additional supporting documents

---

## Demographics

---

Hispanic

Ethnicity

Female

Gender

---

## 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.

---

---

☒ 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.

---

---

☒ 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

---

---

## Board-specific questions (if applicable)

Question applies to multiple boards.

\*Qualified elector/voter means a person who is 18 years of age or older; a United States Citizen; has not been determined by a final judgement of a court to be mentally incapacitated; has not been finally convicted of a felony or, if so convicted has fully discharged the person's sentence including incarceration, parole or supervision, or completed a period of probation ordered by an court; and a resident of this State.

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? \***

---

☒ SCP Volunteer (Active Volunteer for one-year/serve minimum fifteen (15) hours per week)

## Profile

Prefix	Gloria	Middle Initial	Ortiz	Suffix
[REDACTED]				
Email Address				

## Which Boards would you like to apply for?

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

Street Address	Suite or Apt	
[REDACTED]	[REDACTED]	
City	State	Postal Code
[REDACTED]	[REDACTED]	[REDACTED]

## District 1

What district do you live in?

Primary Phone	Alternate Phone
[REDACTED]	[REDACTED]

Employer	Job Title

Work Address - Street Address and Suite Number

Work Address - City

Work Address - State

Work Address - Zip Code



---

Work Phone

---

gloriaortiz44@yahoo.com

Work E-mail address

---

Home/Primary Address

Preferred Mailing Address

---

## 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)**

---

GED. I enjoy fishing and sewing.

**Registered Voter?**

---

☒ Yes ☐ No

**Current resident of the city?**

---

☒ Yes ☐ No

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

---

If yes, how many years?

---

Upload a Resume

---

Please upload any additional supporting documents

---

## Demographics

---

Hispanic

Ethnicity

Female

Gender

---

## 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.

---

---

☒ 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.

---

---

☒ 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

---

---

## Board-specific questions (if applicable)

Question applies to multiple boards.

\*Qualified elector/voter means a person who is 18 years of age or older; a United States Citizen; has not been determined by a final judgement of a court to be mentally incapacitated; has not been finally convicted of a felony or, if so convicted has fully discharged the person's sentence including incarceration, parole or supervision, or completed a period of probation ordered by an court; and a resident of this State.

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? \***

---

☒ SCP Volunteer (Active Volunteer for one-year/serve minimum fifteen (15) hours per week)