

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

Four (4) vacancies with terms to 6-16-21, representing the following categories: 3 - At-Large and 1 - SCP Volunteer Station. (*The Senior Companion Program Advisory Committee is recommending the new appointment of Linda Alonzo (At-large) . Staff is recommending the postponement of SCP Vol. Station for further recruitment.*)

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	District	Term	Appt. date	End date	Appointing Authority	Position	Status	Category	Attendance
*Tami Longino	District 4	3	9/10/2013	6/16/2019	City Council	Vice-Chair	Met the six-year service limitation	At-Large	
Veronica Marsello	District 2	2	3/24/2015	6/16/2019	City Council	Secretary	Not seeking reappointment	SCP Vol. Station	
**Maria I Odeh	District 2	1	7/18/2017	6/16/2019	City Council	Chair	Seeking reappointment	At-Large	5/8 meetings 63% (3 excused)
*Gloria Ortiz	District 1	Partial	11/14/2017	6/16/2019	City Council		Seeking reappointment	At-Large	7/8 meetings 88% (1 excused)
Christine Head	District 1	1	5/9/2017	6/16/2020	City Council		Active	SCP Volunteer	
Jeannine M Leal	District 4	2	3/24/2015	6/16/2020	City Council		Active	At -Large	
Lidia Lopez	District 3	1	4/9/2019	6/16/2020	City Council		Active	At-Large	

**Ms. Odeh stated one absence was due to work schedule and two were medical reasons.

SENIOR COMPANION PROGRAM ADVISORY COMMITTEE

Applicants

Name	District	Category
Linda Alonzo	District 4	At-Large
Betsy Miller	District 5	At-Large
Sandra S Perez	District 5	At-Large

Application for a City Board, Commission, Committee or Corporation

Profile

Linda

First Name

Alonzo

Last Name


Email Address

7654 Northfield Dr

Street Address

Corpus Christi

City

TX

State

78413

Postal Code

What district do you live in? *☒ District 4**Current resident of the city?**☒ Yes ☐ No

57

If yes, how many years?

Home: (361) 548-7489

Primary Phone

Home: (361) 658-7138

Alternate Phone

Nurses on Wheels Inc

Employer

Volunteer Coordinator

Job Title

1015 Santa Fe

Work Address - Street Address and Suite Number

Corpus Christi

Work Address - City

Texas

Work Address - State

78404

Work Address - Zip Code

361-8820181

Work Phone

lalonzo@nursesonwheelsinc.com

Work E-mail 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

Education, Professional and/or Community Activity (Present)

Del Mar College, Previous PTA/Football /Baseball Booster Club Officer

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

Getting to know the senior program more in detail. Been the volunteer coordinator for hospice for 2 yrs now and I hear about this great program for seniors. .

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.

n/A

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

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

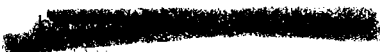
Profile

Betsy

First Name

Miller

Last Name


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

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

☐ Yes ☐ No

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NO

Board-specific questions (if applicable)

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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


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 Mobile: (956) 659-7115
Primary Phone Alternate Phone

Save Home Health Patient Coordinator
Employer 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

sandrprz0209@gmail.com
Work Email 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

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