



# OC COMMUNITY SERVICES

## OFFICE ON AGING SENIOR CITIZENS ADVISORY COUNCIL

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### APPLICATION FOR MEMBERSHIP

Persons applying to become members of the **Senior Citizens Advisory Council (SCAC)** acknowledge the following: (1) Each member is required to serve on at least one Committee and attend monthly meetings at different older adult program locations throughout the County. This means they must have transportation; (2) Each member must serve a minimum of eight hours per month on these activities; (3) All SCAC members are required to attend an annual training session scheduled by the Office on Aging, sign a Code of Ethics form and complete the AB1234 test; (4) Each member must actively pursue an understanding of the Older Americans Act; (5) Each member must have access to a computer and have an e-mail address; (6) Individuals may also choose to serve on a Committee only without being a member of the Senior Citizens Advisory Council (SCAC), but must follow all SCAC requirements.

#### Option 1: SCAC MEMBERSHIP

I, Mary Gray Perdue, hereby apply to serve on the Senior Citizens Advisory Council (SCAC) as well as the following committee(s):

<input type="checkbox"/> Health/Nutrition	<input checked="" type="checkbox"/> Housing/Transportation	<input type="checkbox"/> Legislation
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#### Option 2: COMMITTEE ONLY

I, Mary Gray Perdue, will serve on a committee **only**. I choose the following committee(s):

<input type="checkbox"/> Health/Nutrition	<input type="checkbox"/> Housing/Transportation	<input type="checkbox"/> Legislation
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NAME:	<u>Mary Gray Perdue</u>	PHONE:	[REDACTED]
E-MAIL:	[REDACTED]	District#	<u>5</u>
ADDRESS: (Street)	[REDACTED]	DATE:	<u>6.2.22</u>
(City, State, Zip)	<u>Dana Point, CA 92629</u>		

AGE:	<u>60 OR OVER</u>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	BIRTH DATE & MONTH:	<u>01/23</u>
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#### RACE/ETHNICITY:

In compliance with the Title 22 of the State Regulation, Article 3, Section 7302, the California Department on Aging requests that the Area Agencies on Aging Area Plans obtain the following information from the Area Agency on Aging Advisory Council (SCAC). Please check the box that applies to you:

<input type="checkbox"/>	Asian or Pacific Islander (includes Chinese, Filipino, Japanese, Korean, Samoan, Vietnamese)	<input type="checkbox"/>	African American
<input type="checkbox"/>	Hispanic (includes Mexican, Puerto Rican, Cuban, Latin American or Spanish)	<input type="checkbox"/>	American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue of tribal association)
<input checked="" type="checkbox"/>	Caucasian	<input type="checkbox"/>	Other _____

A. WORK HISTORY:

Dates:	2017/2018, 2019/2020	Employer:	Family Assistance Ministries
Title:	Chief Dev Officer/ ED	Duties:	fundraising, strategic planning
Dates:	02/1998 - 10/2010	Employer:	HomeWord
Title:	Director Mrktng, Resources, Events	Duties:	managed largest parenting speaking team in US, marketing, resources etc

B. VOLUNTEER HISTORY:

Dates:	1993 - present	Agency:	Capo Beach Church
Title:	various: Sunday school teacher, childcare...	Duties:	teacher, VBS volunteer, prayer room volunteer, leader
Dates:	2018 - present	Agency:	San Juan Capistrano Rotary
Title:	various: member, environmental committee chair	Duties:	fundraising through community event volunteering, clothing drives, shoe drive, golf tournament volunteer

C. EDUCATION:

DEGREE(S):	Certificate of Leadership, Fieldstone Foundation; Management & Marketing Certificates, American Institute of Banking;		
PROFESSIONAL DESIGNATION OR LICENSE	Certified Fundraising Professional pending, Fieldstone Certificate of Leadership		
MILITARY SERVICE?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

D. REFERENCES:

NAME	TITLE	PHONE #
Elaine Genoway	Mayor City of Laguna Niguel	██████████
Lori Donchak	former Mayor, San Clemente	██████████

LIST YOUR BOARD MEMBERSHIPS/AFFILIATIONS AND DATES SERVED:

Nonprofit Advisory Board, One OC	2017/2018, 2019/2020
Nonprofit Advisory Board, One OC	2017/2018, 2019/2020

PLEASE DESCRIBE YOUR INTERESTS AND/OR REASONS FOR WANTING TO BE ON THIS COUNCIL:

I have been deeply concerned about and designed programs to help our local seniors since I began working in the hunger & homeless nonprofit arena over 11 years ago.

- ARE YOU A PAID SERVICE PROVIDER OF OLDER ADULT SERVICES?  YES  NO  
IF YES, PROVIDER NAME: Family Assistance Ministries
- ARE YOU A LOCAL ELECTED OFFICIAL?  YES  NO
- ARE YOU A REPRESENTATIVE OF LOW-INCOME OLDER ADULTS?  YES  NO
- ARE YOU A REPRESENTATIVE OF PERSONS WITH DISABILITIES?  YES  NO
- ARE YOU A REPRESENTATIVE OF A HEALTH CARE PROVIDER?  YES  NO  
IF YES, PROVIDER NAME: \_\_\_\_\_
- ARE YOU A FAMILY CAREGIVER:  YES  NO

IS THERE ANY SPECIAL SKILL OR ABILITY YOU FEEL YOU COULD CONTRIBUTE TO THE SENIOR CITIZENS ADVISORY COUNCIL? IF SO, PLEASE DESCRIBE: e.g. Presentations, Leadership, Other Languages: Presentations and

SEE ATTACHED INFORMATION:

### **SCAC APPLICATION CONFLICT OF INTEREST DISCLOSURE GUIDELINES**

Members of the SCAC Council (consists of Council and standing committee members) that vote, rate Requests for Proposals, and evaluate programs under the Older Americans Act, Older Californians Act, and Tobacco Settlement Revenue are subject to the County of Orange Conflict of Interest and Disclosure guidelines.

Members of the SCAC Council shall not discuss, advocate, or vote on any matter in which they have a conflict or potential conflict of interest or an interest which reasonably might appear to be in conflict with the concept of fairness in dealing with public funds. A conflict of interest or a potential conflict occurs if a member has a separate, private, or monetary interest, either direct or indirect, in any issue or transaction under consideration. Any member who violates this provision may be subject to removal from the Council in addition to other remedies at law.

If a Council member believes he/she has a conflict or potential conflict of interest on a particular issue, then that member should state the nature of the conflict, detailing that he/she has a separate, private, or monetary interest, either direct or indirect, in the issue, program or transaction under consideration. The member should then recuse himself/herself from considering and voting on the matter. In cases where a Council member declares a conflict or potential conflict of interest, the member shall recuse himself/herself from all discussion and consideration until voting is completed on the matter in question.

Any Council member having questions or needing assistance regarding the interpretation of these conflict of interest and disclosure guidelines should contact the Office on Aging. The OoA staff will assist the member with questions and make recommendations on whether or not the Council member should recuse himself/herself from voting. The Council member may request that OoA staff respond in writing.

I, Mary Gray Perdue, acknowledge the above stated conflict of interest and disclosure guidelines by signing this document and declare that I will abide with the guidelines accordingly.

Mary Gray Perdue Digitally signed by Mary Gray Perdue  
Date: 2022.06.05 16:45:34 -07'00'  
Signature

June 5, 2022  
Date

<p>RETURN TO:</p> <p>OFFICE ON AGING SCAC Application Processing 1300 S. GRAND AVE., BLDG. B SANTA ANA, CA 92705 (714) 480-6459</p>	<p>DATE RECEIVED: _____</p> <p>DATE REVIEWED BY SCAC: _____</p> <p>DATE APPROVED BY SCAC: _____</p>
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