



MEMORANDUM

Senior Services & LINX Transit

Date: March 4th, 2024

To: Mayor Jackola and City Council

From: Kindra Oliver, LINX & Senior Services Director

Subject: Recommendation for Senior Services and Disabled Advisory Board

Members of the Senior Services and Disabled Advisory Board meet four to six times a year to discuss programs and areas of interest for older adults in our community. Research shows that older adults who participate in senior center programs can learn to manage and delay the onset of chronic disease and experience measurable improvements in their physical, social, spiritual, emotional, mental, and economic well-being. The Lebanon Senior Center endeavors to offer programming in seven focus areas to provide a wide array of opportunities for our community.

The Advisory Board also provides input surrounding the transportation needs of our community and advocates for accessible, convenient, efficient and safe transportation options. Approximately 51% of our ridership are seniors (age 60 and above), 23% are disabled and 26% are 59 and younger, including high school and college students.

The Advisory Board met on Wednesday, February 21st, 2024, and reviewed applications for those interested in serving on the board. Please see the enclosed applications for Dorrie Board and Barbara Hemnes, which the Advisory Board is recommending to be appointed to fill the two vacancies.

Dorrie Board will be graduating from Portland Community College this spring, with a degree in Gerontology. Dorrie is passionate about the Lebanon Senior Center and would like to have an opportunity to help enhance programs. She is currently a volunteer and has had prior discussions with staff about potential areas for growth.

Barbara Hemnes is an active participant in a wide variety of classes and programs at the Lebanon Senior Center. She is also an active volunteer, helping to lead classes at the Senior Center, as

needed. She is an advocate for the Senior Center and the programs we offer. She helps to spread awareness about programs and classes being offered and encourages on-going participation.

The Senior Services and Disabled Advisory Board is eager to recommend the appointments of Dorrie and Barbara to help serve the community.

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www.lebanonoregon.gov

APPLICATION FOR BOARD / COMMITTEE / COMMISSION

Name: Dorrie Board		Date: 10/19/23
Home Address: 450 1/2 South 12th Street Lebanon, OR 97355		
Mailing Address: Same		
Home Phone: [REDACTED]	Email Address: [REDACTED]	Business Phone: [REDACTED]
Occupation: Community Resource Advisor	Employer: Oregon Charter Academy	Emergency Contact Phone: n/a
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email		
<p>Please mark which one you are interested in serving on:</p> <p><input type="checkbox"/> <i>Ad Hoc Committee</i> _____ <input type="checkbox"/> <i>Non-Election Council Vacancy</i> (Print the Ad Hoc Committee Name)</p> <p><input type="checkbox"/> <i>Budget Committee</i> <input type="checkbox"/> <i>Library Advisory Committee</i> <input type="checkbox"/> <i>Parks, Trees & Trails Advisory Committee</i> (Must be Registered Voter)</p> <p><input type="checkbox"/> <i>Planning Commission</i> <input checked="" type="checkbox"/> <i>Senior & Disabled Services Advisory Committee</i></p> <p>Are you applying for reappointment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, how long did you serve in this capacity: ____ Year(s) ____ Month(s)</p>		
<p>Describe experience related to position applying for:</p> <p>I have been studying Gerontology, and I will be graduating from PCC in Spring with my Certificate in Gerontological Studies with an emphasis on advocacy. My eventual path, once I retire from education, is to become an older-adult advocate, then a lobbyist for older-adult issues. When I saw this position was open, I felt an immediate connection; not only because of my studies, but I have been advocating for older adults for years, just as favors to friends; also in my own family.</p>		
<p>List current and/or previous involvement on any government boards/committees/commissions/councils:</p> <p>I was on the Kingman, Arizona Cultural Arts Commission for one year. This is the only government-related organization I have been involved with. All other organizations here in Lebanon (Partners for Progress Board, two years; Scroggin's Mill volunteer and fundraising committee, two years; Build Lebanon Trails volunteer, one year; emcee'd Holidays in the Park and Concerts in the Park multiple times) were merely volunteer positions.</p>		
<p>Explain why you are interested in serving in this capacity (attach additional sheet if needed):</p> <p>I feel very passionate about our local Senior Center, and I would like the chance to see it grow even bigger and better than it already is. For the record? I absolutely enjoy participating in the activities at the Center on my breaks from school, and I am forever touting the programs and prowess of the staff any time and place I can.</p>		

- DocuSigned by:

Date: 10/19/23

DATE RECEIVED: ____/____/____ DATE SENT TO: Director: ____/____/____ Mayor: ____/____/____ Applicant Appointed: <input type="checkbox"/> Yes <input type="checkbox"/> No	City Council Appointment Date: ____/____/____ Applicant Notification Date: ____/____/____ Term Start Date: ____/____/____ Term End Date: ____/____/____
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**City Recorder's Office**

925 S. Main Street
Lebanon, OR 97355
(541) 258.4905

city.recorder@lebanonoregon.gov
www.lebanonoregon.gov

**APPLICATION FOR
BOARD / COMMITTEE / COMMISSION****Applicant Information (Please type/print clearly):**

Name: <u>BARBARA LYNN HEMNES</u>		Date: <u>10-24-2023</u>
Home Address: <u>2387 Robbins Way, Lebanon, OR 97355</u>		
Mailing Address: <u>[REDACTED]</u>		
Home Phone: <u>[REDACTED]</u>	Email Address: <u>[REDACTED]</u>	Business Phone: <u>[REDACTED]</u>
Occupation: <u>Retired</u>	Employer: <u>[REDACTED]</u>	Emergency Contact Phone: <u>[REDACTED]</u>
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Email		

Please mark which one you are interested in serving on:

- | | |
|--|---|
| <input type="checkbox"/> Ad Hoc Committee _____
(Print the Ad Hoc Committee Name) | <input type="checkbox"/> Non-Election Council Vacancy |
| <input type="checkbox"/> Budget Committee
(Must be Registered Voter) | <input type="checkbox"/> Library Advisory Committee |
| <input type="checkbox"/> Planning Commission | <input checked="" type="checkbox"/> Senior & Disabled Services Advisory Committee |
| <input type="checkbox"/> Parks, Trees & Trails Advisory Committee | |

Are you applying for reappointment: ☐ Yes ☒ No If so, how long did you serve in this capacity: ____ Year(s) ____ Month(s)

Describe experience related to position applying for: The senior center is doing a wonderful job of promoting physical + mental health. I have an interest in both and enjoy many classes. I bring new people in to attend classes. I hope that I can assist in the continual success of the Senior Center

List current and/or previous involvement on any government boards/committees/commissions/councils:

Belong to the Friends of the Boardman Library for 25 years. Holding office as treasurer for most of those years. Was on the Library District board for a short time. Belonged to the Boardman Pilgrimage Club, women's organization, raising money for scholarships + putting on the annual Easter Egg Hunt.

Explain why you are interested in serving in this capacity (attach additional sheet if needed):

As a caregiver for my husband I have empathy for people in different stages of health that are looking to improve their lives, make friendships + build a community of friends.

Applicant's Signature: [REDACTED]Date: 10-24-2023**FOR OFFICE USE ONLY**

DATE RECEIVED: ____/____/____	City Council Appointment Date: ____/____/____
DATE SENT TO: ____/____/____	Applicant Notification Date: ____/____/____
Director: ____/____/____ Mayor: ____/____/____	Term Start Date: ____/____/____
Applicant Appointed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Term End Date: ____/____/____

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