

Brenda Lyerly  
Chair of the Board

468 New Market Blvd.  
Boone, NC 28607

Johnny Riddle  
Vice-Chair

[www.regiond.org](http://www.regiond.org)



Chris Jones  
Secretary

Voice: 800-735-8262

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Treasurer

Phone: 828-265-5434  
Fax: 828-265-5439

April 11, 2019

Ann Clark  
Clerk to the Board  
150 Government Circle  
Suite 2500  
Jefferson, North Carolina 28640

Dear Ms. Clark,

Ms. Mary Sexton has indicated her willingness to be appointed for a one-year term to the Ashe County Joint Community Advisory Committee for Long Term Care. Currently, five vacancies exist on the committee. I have enclosed an updated committee roster for your information.

Please submit Ms. Sexton's name to the Commissioners for their consideration and let me know their decision at your earliest convenience. Ms. Sexton's application is enclosed. If you have any questions or concerns, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Stevie M. John".

Stevie M. John  
Regional Ombudsman

Enclosures:  
Application  
Roster

# **Ashe County Long Term Care Advisory Board**

Cheryl Lanning 4357 Cranberry Creek Road Laurel Springs, NC 28644 (336) 982-2040	
Angela Taylor 1077 Buck Mountain Circle W. Jefferson, NC 28694 (336) 846-7414	
Judy Bare 131 Hickory Forest Dr. West Jefferson, NC 28694 (336) 246-5108	

## **Resident Advocate:**

**Stevie John, Ombudsman**  
High Country Area Agency on Aging  
828-265-5434 ext. 126  
866-219-3643 (toll free)

## **Regulatory Agencies:**

Ashe County Department of Social Services  
Adult Care Home Specialist 336-846-5719

Division of Health Service Regulation: 800-624-3004

# Community Advisory Committee VOLUNTEER APPLICATION

Thank you for your interest in the Community Advisory Committee. If you are a county resident, at least 18 years old, and willing to volunteer your time and expertise to your community, please complete and submit this application.

NAME: Mary B Sexton		
ADDRESS: 650 Glenn King Rd		
CITY: Lansing	STATE: NC	ZIP: 28643
HOME PHONE: (336) 384 2938	WORK PHONE: cell (336) 977-0677	EMAIL: mbsextan@kybest.com
PLACE OF EMPLOYMENT: Retired		
COUNTY OF RESIDENCE: Ashe	Do you serve on any other Boards? No	
<p>Why are you interested in volunteering on the Community Advisory Committee?</p> <p>I care about others. Our elderly deserve to be treated with respect and care.</p>		
<p>Please list any work, volunteer and/or educational experience that you would like us to consider in the review of your application. Feel free to attach a resume.</p> <p>I work in several church activities and have for many years. I volunteer at Forest Ridge. I enjoy volunteering there very much. I enjoy helping others.</p>		

Do you have a <b>family member</b> (spouse, son, daughter, mother, father, sister, brother, or in-laws of these) who resides in a facility that might be visited by the committee on which you are interested in serving?	YES	<input checked="" type="radio"/> NO
Do you have a financial interest in a facility that might be visited by the committee on which you are interested in serving?	YES	<input checked="" type="radio"/> NO
Are you an employee of or serving on a governing board of a facility that might be visited by the committee on which you are interested in serving?	YES	<input checked="" type="radio"/> NO
Do you provide paid services of any kind to a resident or staff person in a facility that might be visited by the committee on which you are interested in serving?	YES	<input checked="" type="radio"/> NO
Are you a public official?	YES	<input checked="" type="radio"/> NO
Are you available to complete 15 hours of initial orientation prior to assuming any official responsibilities on the committee? Initial training includes a full-day (8 hours) of classroom training; completion of a home- study assignment (average time-2 hours over 30 day period), and facility orientation(s) (average of 5 hours).	<input checked="" type="radio"/> YES	NO
Are you available for a minimum of 8 hours every quarter (i.e. every 3 months) to visit facilities in your county?	<input checked="" type="radio"/> YES	NO
Are you available to attend a one hour quarterly committee meeting in your county during business hours?	<input checked="" type="radio"/> YES	NO
Are you willing to complete 10 hours of continuing education per year (provided by the Ombudsman Program)?	<input checked="" type="radio"/> YES	NO
Do you understand that no monetary reimbursement will be provided for expenses incurred (i.e. mileage) by committee volunteers?	<input checked="" type="radio"/> YES	NO
Have you been convicted of any criminal or civil offenses that relate to the abuse, neglect or exploitation of children and/or adults; drug misuse; fire arm violations; physical or sexual assault; murder or other violent crime?	YES	<input checked="" type="radio"/> NO

**With my signature, I affirm that I have thoroughly read and understand the information provided in this packet. I affirm that the information I have provided in this volunteer application is accurate to the best of my knowledge.**

SIGNATURE: Mary Sexton DATE: 4/9/19