

Brenda Lyerly
Chair of the Board

468 New Market Blvd.
Boone, NC 28607

Johnny Riddle
Vice-Chair

www.regiond.org



Chris Jones
Secretary

Voice: 800-735-8262

Valerie Jaynes
Treasurer

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

November 15, 2019

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

Dear Ms. Clark,

Ms. Phyllis Ashley 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, four vacancies exist on the committee.

Please submit Ms. Ashley's name to the Commissioners for their consideration and let me know their decision at your earliest convenience. Ms. Ashley'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,

Stevie M. John
Regional Ombudsman

Enclosures:
Application

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: <div style="font-size: 1.2em; margin-top: 10px;">Phyllis Ashley</div>		
ADDRESS: <div style="font-size: 1.2em; margin-top: 10px;">369 Sunnyside Park</div>		
CITY: <div style="font-size: 1.2em; margin-top: 10px;">Jefferson</div>	STATE: <div style="font-size: 1.2em; margin-top: 10px;">NC</div>	ZIP: <div style="font-size: 1.2em; margin-top: 10px;">28640</div>
HOME PHONE: <div style="font-size: 1.2em; margin-top: 10px;">(336) 982-2636</div>	WORK PHONE: <small>please use #</small> <div style="font-size: 1.2em; margin-top: 10px;">(336) 977-9326</div>	EMAIL: <div style="font-size: 1.2em; margin-top: 10px;">Consultposhley@yahoo.com</div>
PLACE OF EMPLOYMENT: <div style="font-size: 1.2em; margin-top: 10px;">Part-time Ashe Campus WCC Retired Nurse Aide Instructor ACTS</div>		
COUNTY OF RESIDENCE: <div style="font-size: 1.2em; margin-top: 10px;">Ashe</div>	Do you serve on any other Boards? <div style="font-size: 1.2em; margin-top: 10px;">No</div>	
<p>Why are you interested in volunteering on the Community Advisory Committee?</p> <div style="font-size: 1.2em; margin-top: 10px;"> <p>I have worked in LTC for years and the last 25 yr have taught CNA classes.</p> <p>I have a love for the elderly and want them to live in a safe environment.</p> </div>		
<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> <div style="font-size: 1.2em; margin-top: 10px;"> <ul style="list-style-type: none"> • CNA Instructor • Director of Nursing Segraves Care Center • Asst. Director of Nursing Segraves Brittham • Volunteer activities @ Ashe Ns. Home Family Care Homes </div>		

Do you have a family member (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: Phyllis Ashby **DATE:** 10/27/19