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Vice-Chair

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November 15, 2019

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

Dear Ms. Clark,

Ms. Christine Haines 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. Haines's name to the Commissioners for their consideration and let me know their decision at your earliest convenience. Ms. Haines'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: CHRISTINE HAINES		
ADDRESS: 150 POCONO TRAIL		
CITY: Todd	STATE: N.C.	ZIP: 28684
HOME PHONE: (336) 877-2117	WORK PHONE: CEL (856) 340-3792	EMAIL: creebz61@gmail.com
PLACE OF EMPLOYMENT: ASHE HOME CARE, West Jefferson, N.C. (336) 846-1345 OFFICE		
COUNTY OF RESIDENCE: ASHE	Do you serve on any other Boards? No	
Why are you interested in volunteering on the Community Advisory Committee? I AM PASSIONATE ABOUT ENSURING THE ELDERLY RECEIVE QUALITY, INDIVIDUALIZED CARE AND ARE PROTECTED FROM MISTREATMENT. I AM A GOOD OBSERVER AND KEEP RECORDS ACCURATELY. THE ELDERLY ARE AT EASE TALKING TO ME. ALL OF WHICH WOULD ASSIST ME TO REPORT FINDINGS.		
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. BA. TEMPLE UNIVERSITY, PHILA, PA. 1985 C.N.A. CERTIFICATE THROUGH Rowan College at Gloucester County Sewell, N.J. 2016 * CERTIFIED CNA IN North. CAROLINA (through PEARSON/VUE) 1/12/2018 PRESENTLY WORK AS A CNA/HOME HEALTH Aide CNA (AT ASSISTED LIVING) FOR PITMAN MANOR, PITMAN NJ FOR CONTINUING CARE COMMUNITY		

* HIPAA (all info covered) 2015

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: Christine L Haines DATE: Sept. 17, 2019