

COMMISSION ON AGING
PROFILE / APPLICATION

NAME Jean Blankenship
TELEPHONE (Home) [REDACTED] (Work) N/A (Cell) [REDACTED]
ADDRESS [REDACTED] CITY & ZIP [REDACTED]
EMAIL [REDACTED] RESIDENCE DISTRICT: 2

1. Briefly summarize your involvement in senior activities (Community involvement, Senior Organizations, Community Activities or memberships, etc.).

I worked in health care as a Registered Nurse for 25 years in the hospital setting, mainly caring for the elderly population on the following units: medical, surgical, oncology, orthopedics and neurology. I was the director in charge. The largest population served were the elderly who were acutely ill. Part of my role was to insure appropriate equipment, supplies and staff were able to meet their unique needs. Had the unique opportunity while at RMC to be an active member of the construction team. Developing and building the four story addition keeping the focus on the needs of the patients and staff.

2. List other specialized education and/or experience with which you have been involved which would contribute to this organization.

- ① Bachelor degree in Business and Human Resources.
- ② Board President of One Safe Place. Long time board member.
- ③ Board member, long term, of SMART

3. Additional comments:

Applicants Signature: Jean Blankenship

Date: Nov. 14, 2023

DEMOGRAPHIC PROFILE

Name: Jean Blankenship

In an effort to meet Federal and State Regulations, please complete this questionnaire which helps to capture and identify the Commission's diverse membership. Your voluntary response is greatly appreciated.

Please check any of the following classifications which apply to you:

AGE:

Yes___ No___ Under 60

Yes No___ 60+

Yes___ No___ 75+

RACE/ETHNIC COMPOSITION:

Yes No___ White

Yes___ No___ Hispanic

Yes___ No___ Black

Yes___ No___ Asian/Pacific Islander

Yes___ No___ Native American/Alaskan/Native

Yes___ No___ Other

OTHER REPRESENTATION:

Yes___ No Disabled Representative

Yes No___ Persons With Leadership Experience In The Private and Voluntary Sectors

Yes___ No Low Income Representative

Yes No___ Health Care Provider Representative

Yes___ No Local Elected Officials

Yes___ No Supportive services Provider Representative

Signature: Jean Blankenship

Date: 11-14-2023