

## 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 DMC 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's 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  
Supportive

services Provider  
Representative

Signature: Jean Blankenship

Date: 11-14-2023