



**REQUEST FOR BOARD ACTION**

ITEM NO. 12.

**DATE OF MEETING:** February 4, 2013

**REQUESTED BY:** Glenda Pridgen, Administrative Assistant

**SHORT TITLE:** Resolution to Consider Approving Appointment to the Nursing/Adult Care Homes Advisory Board.

**BACKGROUND:** The County Manager/County Clerk advertises vacancies on boards, commissions, committees, task forces, etc. The County Manager/County Clerk serves only clearinghouse functions with respect to the appointment process; no influence is exerted in this role. Commissioners are welcome to recruit applicants, or citizens may apply of their own free will.

**SPECIFIC ACTION REQUESTED:** To consider a resolution approving appointment to the Nursing/Adult Care Homes Advisory Board.

**COUNTY MANAGER'S RECOMMENDATION:**

All appointment authority rests with the Board of Commissioners.

**RESOLUTION**

**NOW THEREFORE BE IT RESOLVED** by the Pender County Board of Commissioners that the following appointments are made:

\_\_\_\_\_ is appointed to the Nursing/Adult Care Homes Advisory Board to serve a one-year term.

**AMENDMENTS:**

**MOVED** \_\_\_\_\_ **SECONDED** \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_ **UNANIMOUS**

**YEA VOTES:** Brown \_\_\_ McCoy \_\_\_ Tate \_\_\_ Ward \_\_\_ Williams \_\_\_

\_\_\_\_\_  
George R. Brown, Jr., Chairman 2/04/13  
Date

\_\_\_\_\_  
ATTEST 02/04/13  
Date

# PENDER COUNTY

## Application for Appointment to Boards/Commissions/Committees



Appointees to Pender County Boards/Commissions/Committees must be a Pender County resident and must be at least 18 years of age. Please complete this application and return to: Pender County Manager's Office, PO Box 5, Burgaw, NC 28425.

APPLICANT INFORMATION									
Last Name <b>Lyons</b>			First <b>Elaine</b>			M.I.		Date	
Physical Address <b>420 Old River Acres Drive</b>						Apartment/Unit #			
City <b>Burgaw</b>			State			ZIP			
Mailing Address (if different from above)									
City			State			ZIP			
Home Phone <b>910-604-1611</b>			Work Phone			E-mail Address 1			
Fax Number						E-mail Address 2			
Board Interest(s) <b>Agency on Aging - CAC</b>									
How long have you been a resident of Pender County? <b>9 Years</b>									
EDUCATION									
High School <b>Jordan, Baker and Columbus</b>					Location <b>Columbus, GA.</b>				
From		To		Did you graduate?		YES <input checked="" type="checkbox"/>		NO <input type="checkbox"/>	
College <small>Columbus College(Columbus, Ga.), Sparks State Technical College(Eufaula, Ala.), H</small>					Location <b>SEE PREVIOUS BECAUSE OF QUITE A FEW DUE TO MILITARY TRANSFERS</b>				
From		To		1988		Did you graduate?		Degree <b>LPN</b>	
Other					Location				
From		To		1998		Did you graduate?		Degree <b>RN</b>	
EMPLOYMENT HISTORY									
Current Employment		<b>Vidant Duplin Hospital</b>				Job Title <b>RN STAFF NURSE</b>			
Responsibilities		<b>MEDS., TXS., ASSESSMENT, INTERDISCIPLINARY COMMUNICATION, CAREPLANNING, Mental Health.</b>							
Previous Employment		<b>Odyssey Hospice</b>				Job Title <b>Casemanager</b>			
Previous Employment						Job Title			
Previous Employment						Job Title			
COMMUNITY INVOLVEMENT									
Please list current and past membership in civic or other organizations and offices held:									
<p>I was a hospice volunteer with Cape Fear Hospice for 9 years.</p> <p>I was on the CAC with the Agency on Aging in 08 for a YR. until my daughter-in-law became an employee of Huntington's. She no longer works there.</p>									

Have you ever served or are you currently a member of any Pender County or other local government board/commission/committee?		
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain (including length of service).  1908 for a yr.

State reasons why you feel qualified for this appointment(s):

I have been a nurse for 24years in various areas.

MILITARY SERVICE			
Branch My husband was for 30 years for the USCG in explanation of educational experiences.	From	To	
Rank at Discharge	Type of Discharge (optional)		

CONFLICTS OF INTEREST		
Are you aware of any legal, ethical or personal conflict of interest by serving as a member of this Pender County board/commission/committee?		
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If yes, explain.

Is any member of your family employed by Pender County, or currently serving on a board/committee/commission appointed by or affiliated with Pender County?		
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If yes, list family member name(s) and position/board or committee(s).

Please add any additional information you would like to share supporting your interest and qualifications for this appointment.

DISCLAIMER AND SIGNATURE	
NOTE: This information will be used by the Pender County Board of Commissioners in making appointments to Pender County Boards/Commissions/Committees. In the event you are appointed, it may be used as a news release to identify you to the community. This application is considered a public record.	
Signature <b>Elaine Diane Lyons</b>	Date <b>01/16/1013</b>