



PSA 2 AREA AGENCY ON AGING ADVISORY COUNCIL PROFILE / APPLICATION

NAME Genevieve Eller TELEPHONE [REDACTED] (w/h)
ADDRESS [REDACTED] CITY & ZIP Yreka 96097
EMAIL ge FAX NUMBER _____

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

I currently serve as a Health Educator at Siskiyou County Public Health, where I work with the Living Well and Healthy Aging Program. In addition to my professional role, I am also a caregiver and daughter to aging parents, one of whom is living with Lewy Body Dementia.

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

Over the past six years, I have built a career in Senior Assisted Living in the Sacramento area. I began as a Medication Technician and advanced to the role of Medication Manager before ultimately serving as Director of Resident Services. In these roles, I had the privilege of supporting hundreds of residents and their families. Additionally, I earned my Residential Care Facility for the Elderly (RCFE) certificate, which remains valid through February 2025.

3. Additional comments:

Applicants Signature: _____

Date: _____

5/30/2025

Feel free to attach additional pages.