

TOWN OF FAIRFAX

STAFF REPORT

TO: Mayor, Members of the Town Council

DATE: January 11, 2012

FROM: Michael Rock, Town Manager
Judy Anderson, Town Clerk



SUBJECT: Interview and appointment of candidate to complete an unexpired term as the Fairfax Representative to the Marin Commission on Aging to June 30, 2012

Recommendation

Staff recommendation is to interview Michael Aaronson for the position and to appoint him to serve as the Fairfax Representative to the Marin Commission on Aging to complete the unexpired term to June 30, 2012.

Discussion

Michael Aaronson is the only candidate for this position.

Fiscal Impact

None

Attachment

Michael Aaronson's application



RECEIVED

DEC 19 2011

TOWN OF FAIRFAX

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APPLICATION FOR APPOINTMENT TO BOARD/COMMISSION/COMMITTEE

TO: Mayor and Fairfax Town Council

Date: 12/12/11

Please consider this as an application for appointment to:

- Affordable Housing Committee
- Design Review Board
- General Plan Advisory Committee
- Measure F Oversight Committee
- Measure K Oversight Committee
- Open Space Committee
- Planning Commission
- Parks and Recreation Commission
- Volunteer Board

Other MARIN COMMISSION ON AGING
(Your completed application will become a public record upon submittal to the Town)

Name: MICHAEL P. ANDERSON

Address: 89 LAUREL DRIVE, FAIRFAX CA 94930

Telephone: (Office) 473-5464 Home: 456-9431

Email Address: DRMIK41@GMAIL

Number of Years in Fairfax: 40

Education DD.S. 1966

Please list the names of professional societies, clubs, and other organizations to which you belong.

AMERICAN & CALIFORNIA DENTAL ASSOC.

MARIN COUNTY DENTAL SOCIETY

MEMBER & CHAIRMAN, FAIRFAX DESIGN REVIEW BOARD
1990-94

Briefly describe your employment background. _____

PRIVATE DENTAL PRACTICE MARIN CO. 1972-2006 RETIRED

DENTAL CONSULTANT, MARIN HEALTH & HUMAN SERVICES, 2010-
DIRECTOR OF CLINICAL SERVICES, PRESENT

What is your vision for the Town of Fairfax? SHOULD ENCOURAGE

INDEPENDENT LIVING FOR SENIOR MEMBERS OF
FAIRFAX INCLUDING ADEQUATE AFFORDABLE HOUSING,
AND ACCESS TO RECREATIONAL, HEALTH CARE, AND TRANSPORTATION.

Please describe possible areas of conflict of interest. NONE - I HAVE

A HOUSE IN FAIRFAX

Briefly explain your interest in serving on this Board, Commission, or Committee. SERVING

AS DENTAL CLINIC DIRECTOR FOR MCHHS HAS
INCREASED MY AWARENESS OF PROBLEMS & NEEDS
OF MARIN'S AGING POPULATION. FAIRFAX SHOULD
BE WELL REPRESENTED REGARDING DEVELOPMENTS
AND OPPORTUNITIES PRESENTED BY THE
COMMISSION ON AGING

Signature



Michael Aaronson, DDS
Dental Consultant

Please return this completed, signed form to:

Town Clerk, Town of Fairfax, 142 Bolinas Road, Fa

Division of Public Health - Dental Services
DEPARTMENT OF HEALTH & HUMAN SERVICES
411 Fourth Street • San Rafael, CA 94901
Tel: 415.473-5464 • Fax 415.473.4366
maaronson@co.marin.ca.us • www.co.marin.ca.us

