

Welcome to the Monterey County Area Agency on Aging (AAA) Advisory Council application site. Please fill out the application below to be considered for appointment as a member to this Council. You will be contacted by a staff member of the AAA Advisory Council with additional information on the process. Once your application has been submitted you will receive an email notifying you that the application has been submitted.

## Application for AREA AGENCY ON AGING ADVISORY COUNCIL

**\* Email**

**\* Application Date**

02/23/2026 2:00 PM

All information will be kept strictly confidential.

**\*Name**

Sa'Cora M. Goodin

**\*Address**

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

**Ethnicity**

Please check all that apply, I am A Social Services Provider

Please identify how you prefer to be contacted.  
Please contact me by email

\* Are you currently serving on a County of Monterey Board, Commission, Committee, or other Community Advisory Group?

**If yes, please list below.**

\*\*SKIPPED\*\*

### Interests & Experiences

**Please tell us about yourself and why you want to serve on the AAA Advisory Council.**

I am a medical social worker with Montage Medical Group. The majority of patients that I assist are older adults, who benefit from AAA services. I would love to join the council to make their voices heard and advocate for some of their needs.

**Please state the reason you would like to be a member of the AAA Advisory Council.**

I would love to be a member of the AAA Advisory Council to advocate for some of the needs of older adults.

Have you served on an advisory group before?

No

**If yes, please list below.**

\*\*SKIPPED\*\*

**How did you hear about this position?**

Monterey county Senior Round Table

\* AAA Advisory Council members shall not miss three (3) consecutive Council meetings without cause or four Council meetings in twelve (12) months. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member?  
Yes

**Background Information**

Upload a resume with the names, addresses, and dates of employers for the last five (5) years.  
\*\*SKIPPED\*\*

**Employer**  
Montage Medical Group

**Title**  
Medical Social Worker

**Occupation**  
\*\*SKIPPED\*\*

**Information Regarding Conflict of Interest and Filing of Statements of Economic Interests (Form 700)**

State and local law requires that you abstain from participation in decisions that may affect your financial interest, including sources of income and interest in real property or investments. In addition, if appointed you may be required to fill out a disclosure statement that identifies certain of your financial interest beginning with the immediate 12 months period prior to your appointment.

In accordance with Government Code Sections 87313 and the County of Monterey’s Conflict of Interest Code, this Board/commission/Committee/District, you may be required to file statements disclosing certain types of information so that the public can be made aware of potential conflicts of interest. The types of disclosures are:

- Investments
- Interests in Real Property Held by a Business Entity or Trust
- Investments Held by a Business Entity or Trust Income (other than loans and gifts)
- Income – Travel Payments, Advances, Reimbursements
- Income gifts
- Business Positions
- Commission Income Received by Brokers, Agents, and Salespersons
- Income and Loans to a Business Entity or Trust Income from Rental Property

**Please identify any specialized accommodations needed for equal participation.**  
N/A

I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\* **Enter your Initials**  
SG