

## ITEM 6.1

### CITY MANAGER'S REPORT SEPTEMBER 12, 2022 CITY COUNCIL REGULAR MEETING

**ITEM:** MAYOR'S REFERRAL

**RECOMMENDATION:** Appoint Four of Thirteen (4 of 13) Members to the Youth Advisory Commission with Term Expiring May 31, 2023

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#### YOUTH ADVISORY COMMISSION – LMC CHAPTER 2.20

The commission currently has Thirteen (13) available vacancies; Four (4) applications were received. Staff will continue to recruit until all vacancies are filled.

<b>Former Commissioner(s);</b>	<b>Date of Appointment</b>	<b>Reappointment Date</b>	<b>Term Expiration Date</b>
John Wall Jr.	6/11/18	6/10/19 7/12/21	5/31/22 (not eligible for reappointment)
Juan Manuel Serrano	6/11/18	6/10/19 7/12/21	5/31/22 (not eligible for reappointment)
Justice Castaneda	6/10/19	7/12/21	5/31/22 (not eligible for reappointment)
Amanpreet Atwal	7/12/21	n/a	5/31/22
Sarah Winkleblech	7/12/21	n/a	5/31/22 (not eligible for reappointment)
Aidan Flores	7/12/21	n/a	5/31/22 (not eligible for reappointment)
Emily Banh	7/12/21	n/a	5/31/22 (not eligible for reappointment)
Jayden Wall	7/12/21	n/a	5/31/22
Pranav Vemparala	7/12/21	n/a	5/31/22
Tory Sumbler	9/13/21	n/a	5/31/22 (not eligible for reappointment)
Ashley Kumar	9/13/21	n/a	5/31/22
Vanditha Vemparala	9/13/21	n/a	5/31/22 (not eligible for reappointment)
Harshnoor Riyat	9/13/21	n/a	5/31/22



COMMISSION/COMMITTEE APPLICATION

Applying for: YOUTH ADVISORY COMMISSION

Special Requirements:

Youth Advisory Commission: Must be a Lathrop resident between 13 to 18 years of age to serve on this commission.
Senior Advisory Commission: Must be a Lathrop resident 50 years of age or over to serve on this commission.
Planning, Parks & Recreation Commissions, and Measure C Oversight Committee: Must be a Lathrop resident to serve on this commission.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Name: Daniel Manzanates Jr

Address: [redacted] City: Lathrop Zip: 95330

Telephone (home) [redacted] Telephone (work) [redacted]

Telephone (cell) [redacted] Telephone (other) \_\_\_\_\_

Email: [redacted] Resident of the City of Lathrop: 10 years

Do you have Transportation to attend the Commission meetings and Functions? Yes [x] No [ ]

Background Information:

Are you related to a current City Employee? no

If yes, give name and relationship \_\_\_\_\_

Employment/Volunteer Information:

new life church 2017-current

Lathrop Staff

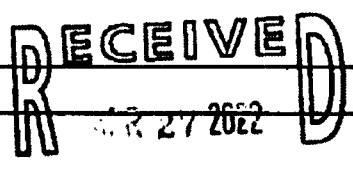
Location Position(s)

Responsibilities/accomplishments: tech, set up, sound, model

Organization Date

Location Position(s)

Responsibilities/accomplishments: \_\_\_\_\_



PARKS AND RECREATION

**Community Activities that you have been involved with (feel free to attach additional pages)**

Name of Organization	Position/Responsibilities	Dates
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Name of Organization	Position/Responsibilities/Accomplishments	Dates
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**Special Awards or Recognitions you have received:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Educational Information:**


Lathrop high	Sophmore		2021-CURRENT
<i>Educational Institution</i>	<i>Degree/Diploma</i>	<i>Field</i>	<i>Year</i>

<i>Educational Institution</i>	<i>Degree/Diploma</i>	<i>Field</i>	<i>Year</i>

**Additional Information** (Please provide any other information which you feel would be useful to the City Council in reviewing you application.)

I come to the teen center every day. I participate in events here. I am part of the JROTC.

**Please sign and date you application and submit to the Office of the City Clerk at the address below..**

 _____ Signature	04/26/22 _____ Date
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 \_\_\_\_\_  
 Parent/Guardian Signature (Required for Youth Advisory Candidates only)

**City Clerk  
 City of Lathrop  
 390 Towne Centre Drive  
 Lathrop, CA 95330**



COMMISSION/COMMITTEE APPLICATION

Applying for: YOUTH ADVISORY COMMISSION

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Planning, Parks & Recreation Commissions, and Measure C Oversight Committee: Must be a Lathrop resident to serve on this commission.

RECEIVED

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION: JUN 21 2022

CITY CLERK

Name: PRANAV VEMPARALA

Address: [redacted] City: LATHROP Zip: 95330

Telephone (home) [redacted] Telephone (work) [redacted]

Telephone (cell) [redacted] Telephone (other) \_\_\_\_\_

Email: [redacted] Resident of the City of Lathrop: 14 years

Do you have Transportation to attend the Commission meetings and Functions? Yes [checked] No [ ]

Background Information:

Are you related to a current City Employee? No

If yes, give name and relationship \_\_\_\_\_

Employment/Volunteer Information:

Youth Advisory Commission (LATHROP) 2021-2022
Organization Date

Lathrop Gen Center Youth Advisory Commissioner
Location Position(s)

Responsibilities/accomplishments: I worked at the CAFE at Gen center and organized the Christmas Parade, Family food, etc. events.

Give Every Child A Chance 2019-2020
Organization Date

Massdale Elementary School Tutor
Location Position(s)

Responsibilities/accomplishments: I tutored children.

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PARKS AND RECREATION

Community Activities that you have been involved with (feel free to attach additional pages)

Manteca Area Community Band Percussionist 2021-2022  
Name of Organization Position/Responsibilities Dates

Name of Organization Position/Responsibilities/Accomplishments Dates

Special Awards or Recognitions you have received: LHS Gold Medal, Excellence in English, Valedictorian in 8th grade

Educational Information:

Lathrop High School 11th grade - 2022-2023  
Educational Institution Degree/Diploma Field Year

San Joaquin Delta College College Early Start  
Educational Institution Degree/Diploma Field Year

Additional Information (Please provide any other information which you feel would be useful to the City Council in reviewing your application.)

I was a member in Yac for the 2021-2022 year. I enjoyed and learned so much from working there.

Please sign and date your application and submit to the Office of the City Clerk at the address below..

~~Pranav~~ Pranav  
Signature

05-27-2022  
Date

Ravathi  
Parent/Guardian Signature (Required for Youth Advisory Candidates only)

City Clerk  
City of Lathrop  
390 Towne Centre Drive  
Lathrop, CA 95330



COMMISSION/COMMITTEE APPLICATION

Applying for: Youth Advisory Commission

RECEIVED AUG 24 2022

Special Requirements:

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Planning, Parks & Recreation Commissions, and Measure C Oversight Committee: Must be a Lathrop resident to serve on this commission.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Name: Angelina V Michelucci

Address: [redacted] City: Lathrop Zip: 95330

Telephone (home) [redacted] Telephone (work) \_\_\_\_\_

Telephone (cell) [redacted] Telephone (other) \_\_\_\_\_

Email: [redacted] Resident of the City of Lathrop: 13 years

Do you have Transportation to attend the Commission meetings and Functions? Yes [checked] No [ ]

Background Information:

Are you related to a current City Employee? no.

If yes, give name and relationship \_\_\_\_\_

Employment/Volunteer Information:

LHS Football Shack bar Fall 2021-2022
Organization Date Friday home games
Bennie Gatto field shack bar taking orders
Location Position(s)

Responsibilities/accomplishments: Water polo, LHS varsity water polo
Goalie 2 years

LHS WP Fall 2021-2022
Organization Date
Lathrop High Goalie
Location Position(s)

Responsibilities/accomplishments: varsity swimming, FFA, FCCLA, CSF,
LHS parking club

**Community Activities that you have been involved with (feel free to attach additional pages)**

Name of Organization	Position/Responsibilities	Dates
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Name of Organization	Position/Responsibilities/Accomplishments	Dates
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**Special Awards or Recognitions you have received:** I received Honor roll for all of 7<sup>th</sup>-8<sup>th</sup> grade and got a few state olymp awards at LHS also earned my varsity letter

**Educational Information:**

Lathrop High School			2024
Educational Institution	Degree/Diploma	Field	Year

Educational Institution	Degree/Diploma	Field	Year
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**Additional Information (Please provide any other information which you feel would be useful to the City Council in reviewing your application.)**

I absolutely love doing anything involving my community and helping others I love challenging myself physically and academically and being apart of YAC is something I would love to do especially since it is something created for teens.

**Please sign and date your application and submit to the Office of the City Clerk at the address below.**

  
Signature

08/17/22  
Date

  
Parent/Guardian Signature (Required for Youth Advisory Candidates only)

**City Clerk  
City of Lathrop  
390 Towne Centre Drive  
Lathrop, CA 95330**



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Planning, Parks & Recreation Commissions, and Measure C Oversight Committee: Must be a Lathrop resident to serve on this commission.

RECEIVED

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

AUG 29 2022

CITY CLERK

Name: Amani Watson

Address: [Redacted] City: Lathrop Zip: 95330

Telephone (home) [Redacted] Telephone (work) \_\_\_\_\_

Telephone (cell) \_\_\_\_\_ Telephone (other) \_\_\_\_\_

Email: [Redacted] Resident of the City of Lathrop: 9 years

Do you have Transportation to attend the Commission meetings and Functions? Yes [X] No [ ]

Background Information:

Are you related to a current City Employee? no

If yes, give name and relationship \_\_\_\_\_

Employment/Volunteer Information:

Riptides Football 2021-2022 Season

Home games Snack Bar

Responsibilities/accomplishments: \_\_\_\_\_

Organization \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Position(s) \_\_\_\_\_

Responsibilities/accomplishments: \_\_\_\_\_



**Community Activities that you have been involved with (feel free to attach additional pages)**

*Name of Organization*                                  *Position/Responsibilities*                                  *Dates*

*Name of Organization*                                  *Position/Responsibilities/Accomplishments*                                  *Dates*

**Special Awards or Recognitions you have received:** B Honor Roll - A Honor Roll

**Educational Information:**

Lathrop High School                                  9<sup>th</sup>  
*Educational Institution*                                  *Degree/Diploma*                                  *Field*                                  *Year*

*Educational Institution*                                  *Degree/Diploma*                                  *Field*                                  *Year*

**Additional Information** (Please provide any other information which you feel would be useful to the City Council in reviewing your application.)

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**Please sign and date your application and submit to the Office of the City Clerk at the address below.**

Amani Watson                                  08/24/22  
*Signature*    *Date*

W. Watson                                  8.24.22  
*Parent/Guardian Signature (Required for Youth Advisory Candidates only)*

**City Clerk  
City of Lathrop  
390 Towne Centre Drive  
Lathrop, CA 95330**