CITY MANAGER'S REPORT JUNE 10, 2024 CITY COUNCIL REGULAR MEETING

ITEM:

MAYOR'S REFERRAL

RECOMMENDATION:

Appointment of Two (2) Members to the Senior Advisory Commission, with Terms Ending, June 30,

2027

SENIOR ADVISORY COMMITTEE - LMC CHAPTER 2.24

The Committee currently has two (2) available vacancies.

• Two (2) seats available with existing terms ending June 30, 2027.

Existing Commissioner(s)	Date of Appointment	Reappointment Date	Term Expiration Date
Malia Tenisia Mika	8/9/2021	n/a	6/30/2024
Erica Crowder (Filled unscheduled vacancy left by S. Thompkins – resigned 12/1/2022)	2/13/2023	n/a	6/30/2024

Two (2) applications were received.

APPLICANTS FOR CONSIDERATION:

- 1. Lea White, received 5/6/2024
- 2. Donna Davis, received 5/7/2024



COMMISSION/COMMITTEE APPLICATION

Applying for: Senior Polyisory 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 Literature Lathrop Literature Lathrop Literature Lathrop Literature Lathrop Literature Lathrop L

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION MAY 0 6 2024

Name: Lea White	CITY CLERK		
Address:	City: Lathrop zip: 95330		
Telephone (home)	Telephone (work)		
Telephone (cell)	Telephone (other)		
Email:	Resident of the City of Lathrop: 4 years		
Do you have Transportation to attend the Commis	ssion meetings and Functions? Yes No		
Background Information:			
Are you related to a current City Employee?	∀ ∂		
If yes, give name and relationship			
Employment/Volunteer Information:			
Lathrap Senior Center	5/23		
Lathrop Senior Center Organization 1507 5th St. Lathrop Location	Hula Dance Instructor Position(s)		
Responsibilities/accomplishments: Brought to the seniors connection with other seniors and the ability to stay active and build friendship.			
Church of the Living Waters	June 5 2016		
Son Jose	Event Coordinator Position(s)		
Responsibilities/accomplishments:	Event Coordinator Position(s) verme, organize and plan event		

Community Activities that you l	nave been involved with (feel fr		
Cify Lathrop CV Name of Greganization	iristmas forade	12-1	6/2023
Name of Grganization	Position/Responsibilities	Dates	
Name of Organization Pos	ition/Responsibilities/Accomplishmen	ts Dates	
Special Awards or Recognition	s you have received:		
Educational Information:			
Advantage Bible Q Educational Institution	Degree Diploma	y Studics Field	June 11 2016 Year
Educational Institution	Degree/Diploma	Field	, Year
Additional Information (Please reviewing you application.)	provide any other information wh	ich you feel would be use	ful to the City Council i
I'm an oager a	nd caring indivi	1 000	to serve
care as senor	africas. with	a Compas	sionate
a positive differe	nce in lives on	those aro	und me
where I needed.	f comparanous	Mp, and as	81stonce
Where (herdelf. Please sign and date you applica	ntion and submit to the Office o	of the City Clerk at the	address below
Doupite		5/3/2020	4
Signature	Date	1	
Parent/Guardian Signature (Required fo	or Youth Advisory Candidates only)		

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



COMMISSION/COMMITTEE APPLICATION

Applying for: Sono Commette.

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 Lathrophia Commission.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION: MAY 0 7 2024

Name: DOWNA JAU15	CITY CLERK
Address:	City: <u>LATTIROD</u> Zip: <u>95330</u>
Telephone (home)	Telephone (work)
Telephone (cell)	Telephone (other)
Email:	Resident of the City of Lathrop: 14 years
Do you have Transportation to attend the Commiss	sion meetings and Functions? Yes No
Background Information:	
Are you related to a current City Employee?	ر(
If yes, give name and relationship	
Employment/Volunteer Information:	
PZACE CORPS Organization	1995
Organization AON DULAS	
Location	Position(s)
Responsibilities/accomplishments:	led Zypu Service
Marine Mannel Reacus	1990 Date Resource / rehab Position(s) See feel + food prep
Marin County	Rescurer/rehab Position(s)
Responsibilities/accomplishments:	some, feed, + food prep

Position/Responsibilities Dates Dates Position/Responsibilities/Accomplishments Name of Organization Special Awards or Recognitions you have received: **Educational Information:** Degree/Diploma Field Year **Educational Institution** Additional Information (Please provide any other information which you feel would be useful to the City Council in reviewing you application.) Please sign and date you application and submit to the Office of the City Clerk at the address below.. # 4 /30/24 Parent/Guardian Signature (Required for Youth Advisory Candidates only)

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

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

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