# CITY MANAGER'S REPORT JUNE 11, 2018 CITY COUNCIL REGULAR MEETING

ITEM:

**MAYOR'S REFERRAL** 

**RECOMMENDATION:** 

APPOINTMENT OF THREE (3) SENIOR ADVISORY COMMISSION MEMBERS WITH TERMS EXPIRING

**JUNE 30, 2021** 

## **SENIOR ADVISORY COMMISSION - LMC Chapter 2.24:**

| Exiting Commissioner(s) | Date of Appointment | Reappointment<br>Date | Term<br>Expiration Date |
|-------------------------|---------------------|-----------------------|-------------------------|
| Vada Klingman           | 07/20/15            | n/a                   | 06/30/18                |
| Gerald Rose             | 07/20/15            | n/a                   | 06/30/18                |
| Delores Lewis           | 07/17/17            | n/a                   | 06/30/18                |

### **APPLICANTS FOR CONSIDERATION:**

- 1. Vada Klingman
- 2. Gerald Rose
- 3. Delores Lewis



# COMMISSION/COMMITTEE APPLICATION

Applying for: <u>Senior</u> Advisory Commissis

### **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 50 years of age or over and a registered voter to serve on this co Planning and Parks & Recreation Commissions: Must be a Lathrop resident and a registered voter to serve on the serve of the | serve on this commission /               |
| PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION   | on: APR 18 2018                          |
| Name: Vada Klingman  | CITY OF LATHROP<br>CITY MANAGER'S OFFICE |
| Address: City: Cathrop   | Zip:95330                                |
| Telephone (home) Telephone (work)  |  |
| Telephone (cell) Telephone (other)   |  |
| Email: Resident of the City of La  | throp: <u>46</u> years                   |
| Do you have Transportation to attend the Commission meetings and Functions? Yes  | ☑ No□                                    |
| Background Information:  |  |
| Are you related to a current City Employee?  | <del></del>                              |
| If yes, give name and relationship   |  |
| Employment/Volunteer Information:  |  |
| Cathrop Senior Center 200 Organization Date  Lathrop Vol.  | o-present<br>enteen                      |
| Location VD ( Position(s)  | in teen                                  |
| Responsibilities/accomplishments: <u>Senior lunch Program</u> 5  | .Ac. (ommissione                         |
| Organization Date  | <del></del>                              |
| Location Position(s)   | <u> </u>                                 |
| Responsibilities/accomplishments:  |  |

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

| YORS Commi   | Position/Responsibilities                                  | 2006 -                             | present                     |
|--|--|------------------------------------|-----------------------------|
| vame of Organization   | 1 ostiton/Responsionities                                  | Dutes                              |                             |
| Name of Organization   | Position/Responsibilities/Accomplishments                  | Dates                              |                             |
| Special Awards or Recogn   | itions you have received:                                  |                                    |                             |
| Educational Information:   |  |                                    | 196                         |
| Dolfo Callen   | 2  | Home Economy                       | _                           |
| Educational Institution  | Degree/Diploma   | Field                              | Year Year                   |
|  |  |                                    |                             |
|  | Degree/Diploma<br>lease provide any other information whic | Field<br>h vou feel would he usefu | Year<br>Il to the City Coun |
| Additional Information (Pa   | Degree/Diploma<br>lease provide any other information whic |                                    |                             |
| Additional Information (Pa   | ,  |                                    |                             |
| Additional Information (Pa   | ,  |                                    |                             |
| Additional Information (Pa   | ,  |                                    |                             |
| Additional Information (Pareviewing you application.)                              | ,  | h you feel would be usefu          | il to the City Coun         |
| Additional Information (Pareviewing you application.)  Please sign and date you ap | plication and submit to the Office of                      | h you feel would be usefu          | il to the City Coun         |
| reviewing you application.)  | plication and submit to the Office of                      | h you feel would be usefu          | il to the City Coun         |

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



# COMMISSION/COMMITTEE APPLICATION

### 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 50 years of age or over and a registered vector to the serve of Senior Advisory Commission: Must be 50 years of age or over and a registered voter to serve on this commission.

Planning and Parks & Recreation Commissions: Must be a Lathrop resident and a registered voter to serve on this commission.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION MANAGERIA

|  | The state of the s |
|--|--|
| Name: YERALD KOSE                                |  |
| Address.   | City: <u></u>  |
| Telephone (home)                                 | Telephone (work)   |
| Telephone (cell)                                 | Telephone (other)  |
| Email:   | Resident of the City of Lathrop: 56 years  |
| Do you have Transportation to attend the Commiss | ion meetings and Functions? Yes No 🗆   |
| Background Information:                          |  |
| Are you related to a current City Employee?      | Vo   |
| If yes, give name and relationship               |  |
| Employment/Volunteer Information:                |  |
| FOOS PROGRAMS                                    |  |
| FOOD PROGRAMS Organization LATHROP SENIOR CENT   | Date CF . OC . O   |
| Location JENIOR CENT                             | ER 546GER  Position(s)   |
| Responsibilities/accomplishments:                |  |
|  |  |
| Organization                                     | Date   |
|  |  |
| Location   | Position(s)  |
| Responsibilities/accomplishments:                | <del></del>  |
|  |  |

| you have been involved       | with (feel free to  | o attach additiona  | l pages)  |
|------------------------------|---|---|---|
| 1415                         | TWISTED   | 511   | 1C= 2009  |
| Position/Responsibilii       | ties  | Date  | 25  |
| Position/Responsibilities/Ac | ccomplishments  | Date<br>/   | es  |
| itions you have received     | i: LATH   | Resp (Mi  | ANTECA  |
|                              |   |   |   |
| GH<br>Descreen               | Diploma   | Field   | 1256<br>Year  |
| Degree/                      | 'Diploma  | Field   | Year  |
| lease provide any other info | ormation which y  | ou feel would be us   | reful to the City Council in  |
|                              |   |   |   |
|                              |   |   |   |
| pplication and submit to     | the Office of th  | e City Clerk at th  | e address below   |
| Joel                         | Date  | 3-9-18  | 8   |
|                              | Position/Responsibilities/Actitions you have received THME  Degree/ Degree/ Degree/ Degree/ Decide any other info | Position/Responsibilities  Position/Responsibilities/Accomplishments  itions you have received:  LATH  Degree/Diploma  Degree/Diploma  lease provide any other information which y  pplication and submit to the Office of th | Position/Responsibilities/Accomplishments  itions you have received: Lathreep Mistra Medical Properties of the City Clerk at the optication and submit to the Office of the City Clerk at the |

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

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



# COMMISSION/COMMITTEE APPLICATION

Applying for: Senior Aduson 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 50 years of age or over and a registered voter to serve on this commission.  |
|--|
| Planning and Parks & Recreation Commissions: Must be a Lathrop resident and a registered voter to serve on this commission.  |
| Planning and Parks & Recreation Commissions: Must be a Lathrop resident and a registered voter to serve on this commission.  |
| PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION: 93 13 2818   |
| 6.2) 14 T C C C C C C C C C C C C C C C C C C  |
| Name: DOIDNES LAWIS CITY OF LATHROY OF LATHR |
|  |
| Address: City: Lathrop zip: 95330  |
| Telephone (home) Telephone (work)  |
| Telephone (cell) Telephone (other)   |
| Email: Resident of the City of Lathrop: 3 years  |
| Do you have Transportation to attend the Commission meetings and Functions? Yes No D   |
| Background Information:  |
| Are you related to a current City Employee?  |
| If yes, give name and relationship   |
| Employment/Volunteer Information:  |
| Lathrop Sanior Centar  Organization  15707 fifth Street  TRONT desk  |
| Organization Date  |
| 15707 fifth Street FRONT desk  |
| Location Position(s)   |
| Responsibilities/accomplishments: Grant quest, Answer phone TAKE MESTIGHE Sotup & Borve meals work witchen prep. Dutdoor Activities set up and information   |
| Sotup & Sorve meals work kitchen prep. outdoor activities set up and information   |
| High Street Senior Home  |
| Organization Date  |
| Darland, CA Visitation Coordinator   |
| Location Position(s)   |
| Responsibilities/accomplishments: Wakly VISits, Group meetings, Theroputic music   |
| Roading and book club, sing alongs, Knit class and gift giving.  |

| 1 athran San or can  | are timel dealers                 | lo-de                  |                 |
|--|-----------------------------------|------------------------|-----------------|
| LAthrop Senior (entitle Name of Organization   | Position/Responsibilities         | Dat Dat                | 'es             |
| ACLS Full Grospel Name of Organization Pos   | Chuzch Sicke Sul                  | etin cooxdinato        |                 |
|  | •                                 | . <b>i</b>             |                 |
| Special Awards or Recognition  | s you have received: <u>Inter</u> | flichild and Ac        | dulf Award      |
| for excallence in co   | ering for others. SA              | FE Place Awar          | d from          |
| San mateo county   | Health Services                   |                        |                 |
|  |                                   |                        |                 |
| Educational Information:   |                                   |                        |                 |
| Skyline College  |                                   | BASICS+udia            | .S              |
| Educational Institution  | Degree/Diploma                    | Field                  | Year            |
| Educational Institution  | Degree/Diploma                    | Field                  | Year            |
| Laucanonai Institution   | Degree/Diploma                    | rieia                  | rear<br>·       |
| Additional Information (Please reviewing you application.)   |                                   |                        |                 |
| As a person that pri   | dos themselves and v              | idd themselvo          | s to a higher   |
| Standard, I alway +  | Ty to remain colm                 | and Strong             | and work        |
| Smort through any  | Situation. I feel that            | Im a perso             | en people come  |
| to when they need  |                                   |                        |                 |
| or small. I help by  | pointing out the                  | retails that           | may raue        |
| been over Looked of  | alking the details c              | jul and si             | mply being      |
| a sounding board.  | Dometimes thats all 1             | it takes.              | • )             |
| Places sign and data you applied   | rtion and autorit to the Office o | falso Cito Cloub at th |                 |
| Please sign and date you applicate the sign and date you appli | / `                               |                        | e uauress betow |
| Signature  |                                   | 4-16-18                |                 |
| orginature   | Date                              |                        |                 |
| •  |                                   |                        |                 |
| Parent/Guardian Signature (Required fo   | r Youth Advisory Candidates only) |                        | - <del> </del>  |

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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