

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

**ITEM 6.2**

**ITEM: MAYOR'S REFERRAL**

**RECOMMENDATION: APPOINTMENT OF THREE (3) SENIOR ADVISORY COMMISSION MEMBERS WITH TERMS EXPIRING JUNE 30, 2021**

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**SENIOR ADVISORY COMMISSION – LMC Chapter 2.24:**

<b>Exiting Commissioner(s)</b>	<b>Date of Appointment</b>	<b>Reappointment Date</b>	<b>Term Expiration Date</b>
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

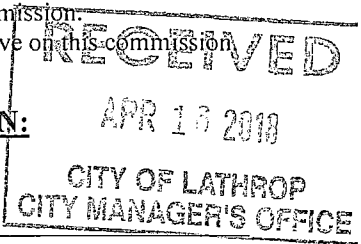


COMMISSION/COMMITTEE APPLICATION

Applying for: Senior 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 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:

Name: Vada Klingman
Address: [redacted] City: Lathrop Zip: 95330
Telephone (home) [redacted] Telephone (work) 0
Telephone (cell) [redacted] Telephone (other) 0
Email [redacted] Resident of the City of Lathrop: 46 years

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

Background Information:

Are you related to a current City Employee? no
If yes, give name and relationship \_\_\_\_\_

Employment/Volunteer Information:

Lathrop Senior Center 2000 - present
Organization Date
Lathrop volunteer
Location Position(s)

Responsibilities/accomplishments: senior lunch program, S.A.C. Commission

Organization Date
Location Position(s)

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

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

mayors Committees		2006 - present
<i>Name of Organization</i>	<i>Position/Responsibilities</i>	<i>Dates</i>

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

\_\_\_\_\_

\_\_\_\_\_

**Educational Information:**

Delta College		Home Economics	1964-1966
<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>
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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.)

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\_\_\_\_\_

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

Vada Kleugman	3-28-18
<i>Signature</i>	<i>Date</i>

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

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

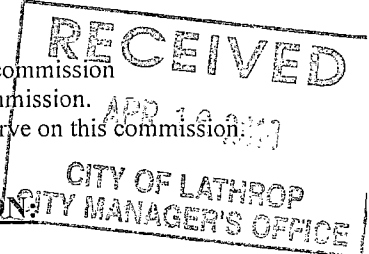


COMMISSION/COMMITTEE APPLICATION

Applying for: SENIOR ADVISORY COMMITTEE

Special Requirements:

Youth Advisory Commission: Must be a Lathrop resident between 13 to 18 years of age to serve on this commission
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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

Name: GERALD ROSE
Address: [redacted] City: LATHROP Zip: 95330
Telephone (home) [redacted] Telephone (work) [redacted]
Telephone (cell) [redacted] Telephone (other) [redacted]
Email: [redacted] Resident of the City of Lathrop: 56 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:

FOOD PROGRAMS
Organization: LATHROP SENIOR CENTER Date: BAGGER
Location: Position(s):

Responsibilities/accomplishments:

Organization Date
Location Position(s)

Responsibilities/accomplishments:

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

LIONS CLUB      TAIL TWISTER      SINCE 2009  
Name of Organization      Position/Responsibilities      Dates

Name of Organization      Position/Responsibilities/Accomplishments      Dates

Special Awards or Recognitions you have received: LATHROP / MANTECA  
HALL of FAME

**Educational Information:**

MANTECA HIGH      —      1956  
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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Gerald Noel      3-9-18  
Signature      Date

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: Senior Advisory Commission

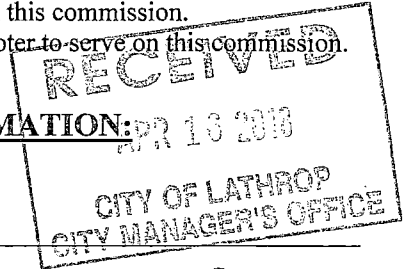
Special Requirements:

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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:



Name: Dolores Lewis

Address: [Redacted] City: Lathrop Zip: 95330

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

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

Email: [Redacted] Resident of the City of Lathrop: 3 years

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

Background Information:

Are you related to a current City Employee? NO

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

Employment/Volunteer Information:

Lathrop Senior Center  
Organization \_\_\_\_\_ Date \_\_\_\_\_  
15707 Fifth Street \_\_\_\_\_  
Location \_\_\_\_\_ Position(s) Front desk

Responsibilities/accomplishments: Greet guest, Answer phone, TAKE message  
Setup & serve meals work kitchen prep. outdoor activities set up and information  
guide

High Street Senior Home  
Organization \_\_\_\_\_ Date \_\_\_\_\_  
Oakland, CA \_\_\_\_\_  
Location \_\_\_\_\_ Position(s) Visitation Coordinator

Responsibilities/accomplishments: Weekly visits, Group meetings, Therapeutic music  
Reading and book club, Sing alongs, Knit class and gift giving.

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

Lathrop Senior Center Front desk clerk  
Name of Organization Position/Responsibilities Dates

ACTS Full Gospel Church Sick & Shutter coordinator  
Name of Organization Position/Responsibilities/Accomplishments Dates

Special Awards or Recognitions you have received: Infant/Child and Adult Award for excellence in caring for others. SAFE place Award from San Mateo County Health Services

Educational Information:

Skyline College Basic Studies  
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.)

As a person that prides themselves and hold themselves to a higher standard, I always try to remain calm and strong and work smart through any situation. I feel that I'm a person people come to when they need sound advice on different situations either big or small. I help by pointing out the details that may have been over looked talking the details out and simply being a sounding board. Sometimes thats all it takes.

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

Signature: [Handwritten Signature] Date: 4-16-18

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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