



# Richmond City Council

Boards & Commissions  
 Appointments & Reappointments

Formal Meeting of Richmond City Council  
 Monday, June 13, 2016 – 6:00 p.m.

Motion to approve  
 06/13/2016 ~ 8-0  
 (R. Trammell excused)

Governmental Operations Standing Committee recommends approval of the following appointments:

<u>Board Name</u>	<u>Criteria for Appointment</u>	<u>Applicant Name</u>	<u>Terms</u>
<b>City Personnel Board</b> (10 members) (page 2)	City residents	Jessie Bell <b>Appointed</b> (reappointment, page 3)	06/13/2016 – 06/10/2019
		Vivian Hiedemann <b>Appointed</b> (reappointment, page 4)	07/08/2016 – 07/08/2019
		Chrison Ratliff <b>Appointed</b> (reappointment, page 6)	06/28/2016 – 06/28/2019
		Betty L. Squire <b>Appointed</b> (page 7)	06/13/2016 – 01/10/2017 <i>Succeeding Mary Jo Joseph, deceased</i>
<b>Richmond Public Library Board</b> (9 members) (page 10)	Qualified voters of the city	Barbara Burton <b>Appointed</b> (page 11)	07/01/2016 – 06/30/2020 <i>Succeeding Kirsta Millar, not interested in reappointment</i>
		Tanya Lynette Francis <b>Appointed</b> (page 13)	07/01/2016 – 06/30/2020 <i>Succeeding Peter Blake, not eligible for reappointment</i>
		David Lydiard <b>Appointed</b> (reappointment, page 19)	07/01/2016 – 06/30/2020
		Daisy E. Weaver <b>Appointed</b> (reappointment, page 21)	07/01/2016 – 06/30/2020
<b>Sister Cities Commission</b> (13 members) (page 22)	Reside or work in the city of Richmond	<b>Appointed</b> Sabrina M. Boggs (page 23)	06/13/2016 – 03/22/2019 <i>Succeeding Julia Martin, not interested in reappointment</i>

# City Personnel Board

## Vacancy Chart *as of* September 11, 2016

Ten (10) persons appointed by the Council who reside within the City, except that Board members who are members of the classified system of the City shall not be subject to this section's residency requirement. Two (2) members of the Board shall be members of the classified service nominated by the members thereof in a manner prescribed by the Council.

*(Assigned to the Governmental Operations Standing Committee)*

<b>Member</b>	<b>Patron</b>	<b>Expiration Date</b>	<b>Eligible for Reappoint.</b>	<b>Interested in Reappoint.</b>	<b>Qualification</b>
Vivian Hiedemann	All members of Council	07/08/2016	Yes	Application included	City resident
Chrison Ratliff	All members of Council	06/28/2016	Yes	Application included	City resident
Jessie Bell	All members of Council	06/10/2016	Yes	Application included	City resident
Mary Jo Joseph	All members of Council	11/29/2015	No	Deceased	City resident

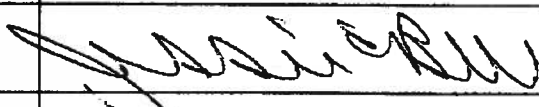
**Contact:**

Veronica Kenner  
Personnel Board Secretary  
Department of Human Resources  
646-5862

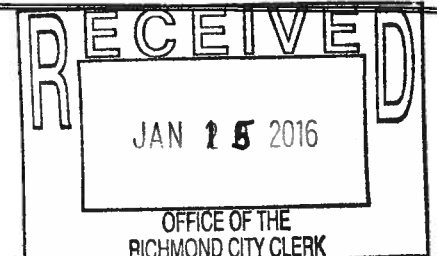


**City of Richmond, Virginia  
City Council  
Authorities, Boards, Commissions and Task Forces  
Reappointment Application**

(Please Print or Type)

<b>Name of Authority, Board, Commission or Task Force:</b>	
Personnel Board	
<b>Title:</b> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input checked="" type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
<b>Last Name:</b> Bell	<b>First Name:</b> Jessie
<b>Home Street Address:</b> 2807 3rd	<b>Home Telephone:</b> 404-668-3022
<b>Home City, Zip Code:</b> Richmond, 23222	<b>Home Fax:</b> 804-562-5119
<b>Personal E-Mail Address:</b> jbell15@aol.com	
<b>Employer:</b> State Farm Insurance Companies	
<b>Job Title:</b> Agency Recruiter	<b>How Long?</b> 3 years
<b>Business Street Address:</b> 2700 Polo Parkway	<b>Business Telephone:</b> 804-912-5573
<b>Business City, Zip Code:</b> Richmond	<b>Business Fax:</b>
<b>Business E-Mail Address:</b> jessie.bell.u8d2@statefarm.com	
<b>Is your place of employment located in the city of Richmond?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Is your place of employment located in the county?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which county? Chesterfield	
<b>Are you a city resident?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 6 Number of years? 10	
<b>Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
<b>Signature:</b> 	<b>Date:</b> 01/15/16
<i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i>	

NOTE: This application is a public document.



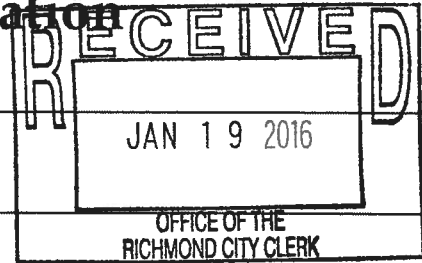
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**City of Richmond, Virginia  
City Council  
Authorities, Boards, Commissions and Task Forces**

**Reappointment Application**

(Please Print or Type)



<b>Personnel Board</b>	
Title: Mrs.	
<b>Hiedemann</b>	<b>Vivian</b>
900 Terminal Pl #502	804 484 0428
Richmond 23220	Home Fax:
Vivianh1937@verizon.net	
Employer: Retired	
N/A	How Long?
Business Street Address:	Business Telephone:
Business City, Zip Code:	Business Fax:
Business E-Mail Address:	
Is your place of employment located in the city of Richmond? Yes No	
Is your place of employment located in the county? Yes No If yes, which county?	
Are you a city resident? Yes If yes, which City Council district? 2 Number of years? 46 yrs. in city	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? No	
If yes, please provide information on the nature of the contract.	
E Signed by Vivian Hiedemann	
Date: January 18, 2016	
<i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i>	

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City of Richmond, Virginia  
City Council  
Authorities, Boards, Commissions and Task Forces  
**Reappointment Application**

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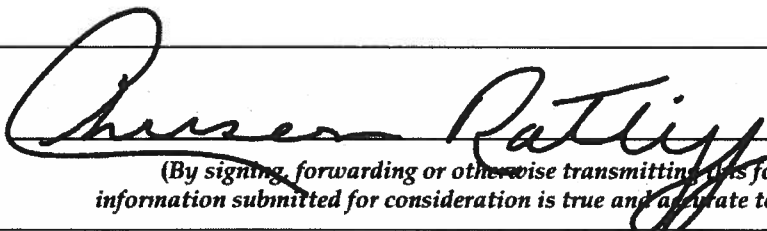
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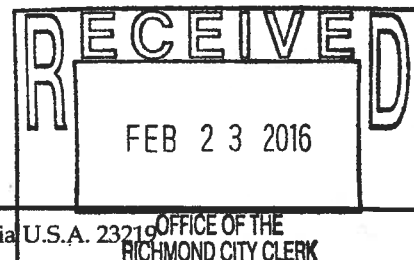


**City of Richmond, Virginia**  
**City Council**  
**Authorities, Boards, Commissions and Task Forces**  
**Reappointment Application**

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Personnel board	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>	
Last Name: Ratliff	First Name: Chrison
Home Street Address: 3 dundee ave	Home Telephone: 804-647-4413
Home City, Zip Code: Richmond 23225	Home Fax:
Personal E-Mail Address: nbrat09@gmail.com	
Employer: Suntrust	
Job Title: Acct mang	How Long? 10 years
Business Street Address: 1001 seemes ave	Business Telephone:
Business City, Zip Code: Richmond va. 23225	Business Fax:
Business E-Mail Address:	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? Number of years 17 years	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Signature: 	Date: 2/22/16
<i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i>	

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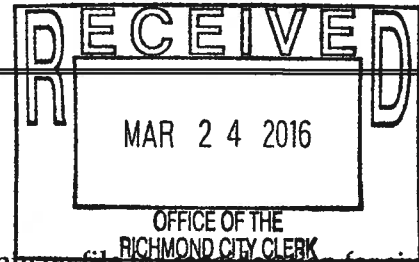
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**City of Richmond, Virginia**  
**City Council**  
**Authorities, Boards, Commissions and Task Forces Application**

(Please Print or Type)

<b>Name of Authority, Board, Commission or Task Force:</b> City Personnel Board	
<b>Title:</b> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
<b>Last Name:</b> Squire	<b>First Name:</b> Betty
<b>Home Street Address:</b> 1600 N. 27 <sup>th</sup> St., Richmond, VA	<b>Home Telephone:</b> 804-225-8331
<b>Home City, Zip Code:</b> 23223	<b>Home Fax:</b>
<b>Personal E-Mail Address:</b> bett1705@aol.com	
<b>Employer:</b> Retired	
<b>Job Title:</b> N/A	<b>How Long?</b>
<b>Business Street Address:</b>	<b>Business Telephone:</b>
<b>Business City, Zip Code:</b>	<b>Business Fax:</b>
<b>Business E-Mail Address:</b>	
<b>Is your place of employment located in the city of Richmond?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Is your place of employment located in the county?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which county?	
<b>Are you a city resident?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 7th Number of years? 33yrs	
<b>Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
<b>Please list your educational background and/or other expertise or qualifications you will bring to this authority, board, commission or task force:</b>	
My background is in Corporate America. I worked for the telephone company; started as a clerk and worked my way into management within five years. I retired in 1991 with about 27 years of service. I have gained a lot of knowledge by my activities in the community. I am a former member of City Council and have served on the Personnel Board on two different occasions.	



**NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.**

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**City of Richmond, Virginia**  
**City Council**  
**Authorities, Boards, Commissions and Task Forces Application**

List other city of Richmond authorities, boards, commissions or task forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

Entity: Personnel Board  
 Date(s) Served: 2007-2009 and 2010 to current Office(s) Held: Currently serve as Vice Chair

Entity: \_\_\_\_\_  
 Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Entity: \_\_\_\_\_  
 Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

**Other community involvement:**

Member of the NAACP, Member of Crusade for Voters, Member of Church Women United, Honorary member of Engine Company #9 and Associates, member of Unity Civic League and a member of League of Women's Voters.

**OPTIONAL**

Please list additional information you would like considered, or you may attach your resume or other information.

Resume not needed. Please use record of prior service.

Check this box if your resume is attached.

How did you hear about or who referred you to apply for appointment to this authority, board, commission or task force?

I have known about the Personnel Board for several years. During my first tenure, I spoke with Councilwomen Ellen Robertson.

Signature: Betty L. Squire Date: 3/23/16

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# Richmond Public Library Board

## Vacancy Chart

*As of*  
September 11, 2016

The Library Board shall consist of nine (9) members who shall be qualified voters of the City appointed by the City Council for terms of four (4) years, commencing July 1 of the year of appointment.

*(Assigned to the Governmental Operations Standing Committee)*

<b>Member</b>	<b>Patron</b>	<b>Expiration Date</b>	<b>Eligible for Reappoint.</b>	<b>Interested in Reappoint.</b>	<b>Qualification</b>
Peter Blake	All members of Council	06/30/2016	No	-	Qualified voter
David Lydiard	All members of Council	06/30/2016	Yes	Application included	Qualified voter
Kirsta Millar	All members of Council	06/30/2016	Yes	No	Qualified voter
Daisy Weaver	All members of Council	06/30/2016	Yes	Application included	Qualified voter

**Contact:**

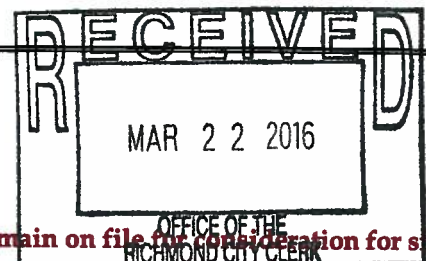
Felicia Smith, Administrative Program Support Assistant  
Richmond Public Library  
646-2547



**City of Richmond, Virginia**  
**City Council**  
**Authorities, Boards, Commissions and Task Forces Application**

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: <i>Library Board</i>	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: <i>Burton</i>	First Name: <i>Barbara</i>
Home Street Address: <i>3141 Griffin Ave.</i>	Home Telephone: <i>(804) 441-5645</i>
Home City, Zip Code: <i>Richmond 23222</i>	Home Fax: _____
Personal E-Mail Address: <i>clankiejones@gmail.com</i>	
Employer: <i>Henrico County Govt. Social Services - Retired</i>	
Job Title: <i>Foster Care and Adoption Supv</i>	How Long? <i>14 yrs</i>
Business Street Address: <i>8600 Dixon Powers Dr</i>	Business Telephone: _____
Business City, Zip Code: <i>Henrico, VA 23228</i>	Business Fax: _____
Business E-Mail Address: _____	
Is your place of employment located in the city of Richmond? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Retired</i>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? _____ Number of years? _____	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.  	
Please list your educational background and/or other expertise or qualifications you will bring to this authority, board, commission or task force: <i>BA - Sociology - Virginia Union University</i> <i>MSW - Social Work Master - Virginia Commonwealth Univ.</i>	



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City of Richmond, Virginia  
City Council

Authorities, Boards, Commissions and Task Forces Application

List other city of Richmond authorities, boards, commissions or task forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

Entity: \_\_\_\_\_  
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Entity: \_\_\_\_\_  
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Entity: \_\_\_\_\_  
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Other community involvement:

2010 - Current Community Volunteer at Mary Scott Elementary School - 2 days a week  
Summer Camp on the Hill - serving 3<sup>rd</sup> and 4<sup>th</sup> grade students in Church Hill schools 5 years  
Served as member of Friends of North Ave. Library

OPTIONAL

Please list additional information you would like considered, or you may attach your resume or other information.

Check this box if your resume is attached.

How did you hear about or who referred you to apply for appointment to this authority, board, commission or task force?

Referred by North Ave. Library staff

Signature: Barbara Dutton Date: 2/9/16

(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge)

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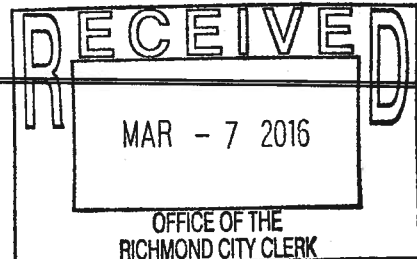
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**City of Richmond, Virginia  
City Council  
Authorities, Boards, Commissions and Task Forces Application**

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: <u>Library Board</u>	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>	
Last Name: <u>Francis</u>	First Name: <u>Tanya</u>
Home Street Address: <u>2800 2nd Ave</u>	Home Telephone: <u>804 309-1118</u>
Home City, Zip Code: <u>Richmond, 23022</u>	Home Fax: <u>N/A</u>
Personal E-Mail Address: <u>tanya.francis35@gmail.com</u>	
Employer: <u>Commonwealth Clinical Consulting Services</u>	
Job Title: <u>Mental Health Counselor</u>	How Long? <u>2 yrs.</u>
Business Street Address: <u>1 W Williamsburg Rd</u>	Business Telephone:
Business City, Zip Code: <u>Sanriston, 23150</u>	Business Fax:
Business E-Mail Address: <u>Same as above</u>	
Is your place of employment located in the city of Richmond? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? Number of years?	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Please list your educational background and/or other expertise or qualifications you will bring to this authority, board, commission or task force: <u>I am actively involved in my community and am always willing to assist to improve our neighborhood in any manner I can.</u>	



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City of Richmond, Virginia

City Council

Authorities, Boards, Commissions and Task Forces Application

List other city of Richmond authorities, boards, commissions or task forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

Entity: \_\_\_\_\_
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Entity: \_\_\_\_\_
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Entity: \_\_\_\_\_
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Other community involvement:

Currently PTA president JEB Stuart Elementary School
Team Mom for Franklin Military Basketball team
Team Mom for Hotchkiss Basketball Team (Dyrold)
Team mom for Hotchkiss Cheerleading (Kady Eagles)
Team mom for Hotchkiss Dance Team (Essene at Gold)
Community Group for 4th Percent

OPTIONAL

Please list additional information you would like considered, or you may attach your resume or other information.

[X] Check this box if your resume is attached.

How did you hear about or who referred you to apply for appointment to this authority, board, commission or task force?

The information regarding the task force was provided by Ms Dianne Wilmore the supervisor at the Noethawe library.

Signature: [Handwritten Signature] Date: 02/23/10

(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge)

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## Tanya Lynette Francis

Address: 2800 2<sup>nd</sup> Avenue Richmond, VA 23222

Phone: 804-309-1118

E-Mail: Tanya.Francis35@gmail.com

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**Objective** To obtain a position that will support my professional pursuits to receive my licensure.

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**Trainings**

- Peaceful intervention Caring safely for Angry Children 8 hours
- ODD & Attachment D/O 30 minutes
- Advanced Anger & Aggression Management Triggers, Underlying causes and Treatment 7.5 hours
- Working with GLBT Youth (ROSMY) 8 hours
- CORE Regulation Training Meeting Licensing Standards Regarding documentation on various subjects 8 hours
- Microsoft Excel 8 hours
- Smuggling & Trafficking 1 hour
- Definitions, Laws, Statistics, areas affected, and how to report 1 hour
- Communicating with confidence 8 hours
- Medicaid Training (Billing & Paperwork) 16 hours
- First Aid and CPR training
- Motivational Interviewing
- SASSI (Administration and Scoring) 3.5 hours
- DJJ Substance Abuse Treatment Overview 21 hours
- DJJ Business Documentation
- Interstate Compact for Juveniles 8 hours
- Gang trainings 21 hours
- Virginia Terrorism 1 hour
- Current TB
- Have been trained in MANDT, CRISIS WAVE, TOVA, and Handle with Care
- MR WAIVER Training
- Human Rights Training
- Emergency Mental Health: Assessment and Treatment 6 hours
- Qualified Mental Health Professional according to DMAS regulations

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**Education**

2012-present Walden University Baltimore, MD Master of Science  
Mental Health Counseling expected graduation date December 2014

2011-present J. Sergeant Reynolds Community College Richmond, Virginia  
Need to complete internship for Substance Abuse Certificate

1998-2003 Virginia State University Petersburg, Virginia Masters of Science  
With a concentration on clinical psychology

1993-1998 Virginia State University Petersburg, Virginia Bachelor of Science  
With a concentration in psychology

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## Tanya Lynette Francis

Address: 2800 2<sup>nd</sup> Avenue Richmond, VA 23222

Phone: 804-309-1118

E-Mail: Tanya.Francis35@gmail.com

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### Relevant Experience

#### COUNSELING

- Provide counseling services to residents and responds to crisis situations
- Manage a caseload of client & families, providing services on an intensive basis and utilizing short-term, solution focused treatment strategies
- Prepare written individualized service plan, incorporating input from clients, guardians, involved service providers, and treatment team members. Clearly identifies problem areas and needs, strateg and treatment objectives.
- Provide direct clinical services to clients, including individual/family counseling and case management services.
- Respond to crisis situations with twenty-four hour day availability.
- Document case activities for both clinical and billing purposes
- Prepare individualized service plans as required by referral source or service purchaser.
- Participate in clinical treatment team and clinical supervision with Clinical Director or LMHP.
- Collaborate weekly and coordinate with other service providers and professionals, such as attorneys, school personnel, social workers, and probation counselors.
- Link client with external programs or services, such as health services, recreational activities, child care services, financial resources, employment resources, child care, AA/NA groups, transportation resources, etc.
- Attend court hearings, FAPT meetings, school meetings, etc... and presents testimony and treatment progress and/ or recommendations as requested by attorneys, referral sources, the court, or clients & Families.
- Prepares written discharge summary and other required reports in a timely manner.
- Informs clinical director of work load, case activity, service barriers, and procedural problems in staff meetings and one-on-one meetings.

#### CASE MANGEMENT

- Implement the Case management, Service Planning and Evaluation Systems
- Provide counseling services to residents and responds to crisis situations
- Coordinate treatment services and implement treatment programming
- Maintain effective professional communication with staff and treatment team members
- Prepare written diagnostic assessments, treatment plans, progress reports
- Facilitate wraparound team meetings
- Provide direct clinical services to clients and families
- Collaborate services with community sources
- Screen referrals assessing the appropriateness of placement through clinical interviews and review of documentation
- Participate in marketing pursuits, such as vendor fairs and presentation to referral sources
- Assist with developing marketing materials
- Share on-call responsibilities with other assigned staff
- Actively supervise and interact with groups of youth in daily activities according to structured daily schedule
- Knowledge of community mental health
- Extensive interviewing and interpersonal skills
- Extensive knowledge of mental health diagnosis, assessment, and psychological and educational testing



## Tanya Lynette Francis

Address: 2800 2<sup>nd</sup> Avenue Richmond, VA 23222

Phone: 804-309-1118

E-Mail: Tanya.Francis35@gmail.com

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### Management/Supervision

- Coordinate admissions and discharges
- Oversee quality assurance of services
- Provide assistance on preparing reports on client treatment progress
- Provide individual supervision to counselors and field supervisors as needed
- Assist counselors with providing individual and family counseling sessions
- Develop treatment team to assist with monitoring client's progress
- Review staff documentation to include progress notes and reports
- Assist case managers in identifying appropriate community resources
- Coordinate, monitor and maintain general supplies
- Implement standards of ethics, laws and cultural competence
- Interview potential staff
- Monitoring and evaluating staff's individual work activities
- Ensure program meets licensure and Medicaid guidelines
- Coordinate, assist and perform staff training
- Monitor staff performance, complete evaluations, and staff development

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<b>Employment</b>	Mental Health Support Counselor, <i>Commonwealth Clinical &amp; Consulting Services</i> Sandston, VA	02/2014-present
	Mental Health Support Counselor, <i>Guiding Lights, LLC</i> Prince George, VA	05/2012-02/2014
	Therapeutic Day Treatment Counselor, <i>Wilkerson Consultants</i> , Richmond, VA	10/2012-03/2013
	Case Manager, <i>District 19 CSB</i> , Hopewell/PG, VA	01/2012-09/2012
	Program Director, <i>Guiding Lights, LLC</i> , Prince George, VA	09/2010-10/2011
	Program Manager, <i>Good Neighbor</i> , Richmond, VA	04/2010-08/2010
	Correctional Counselor, <i>Department of Juvenile Justice</i> , Bon Air, VA	10/2007-03/2010
	Intensive In-Home Counselor, <i>National Counseling Group</i> , Richmond, VA	03/2006-09/2006
	Admission/After-Care Coordinator, <i>Brookfield, Inc</i> , Glen Allen, VA	12/2004-03/2006

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### Honors & Awards

Developed regulations for Mental Health Support for Guiding Lights received License for service with no Revisions from DBHDS

Department of Juvenile Justice Bon Air Employee of the Month February 2009

Never Violated on admissions paperwork by Department of Social Services while working for Brookfield, INC

Member of the National Honors Society in Psychology – PSI CHI

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### Volunteer

December 2014 – Present President of PTA for JEB Stuart Elementary School  
3101 Fendall Avenue  
Richmond, Virginia 23222

September 2011 – 2012 Chair of 2 Wings Enrichment Academy  
Second Baptist Church-Southside  
3300 Broad Rock Blvd Richmond, Virginia 23224

October 2011 –2012 Member of Richmond Public Schools Rezoning Committee

September 2012-present Team Mother at Hotchkiss Community Center for basketball, Cheerleading, and Dance Seasons & Volunteer -Concession stand  
701 E Brookland Park Blvd  
Richmond, VA 23222

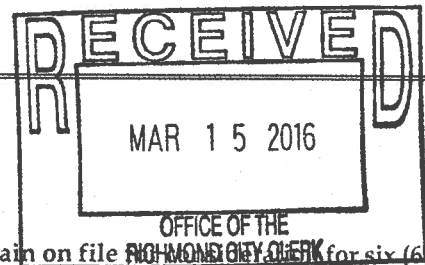
**References Available Upon Request**

# REAPPOINTMENT

## City of Richmond, Virginia City Council Authorities, Boards, Commissions and Task Forces Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Public Library Board	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: Lydiard	First Name: David
Home Street Address: 4401 Newport Drive	Home Telephone: 804.266.4146
Home City, Zip Code: Richmond VA 23227	Home Fax: 804.521.5638
Personal E-Mail Address: dlydiard@verizon.net	
Employer: REMAX Action Real Estate	
Job Title: Realtor	How Long? 12 years
Business Street Address: 11551 Nuckols Road	Business Telephone: 804.521.5618
Business City, Zip Code: 23059	Business Fax: 804.521.5638
Business E-Mail Address: _____	
Is your place of employment located in the city of Richmond? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is your place of employment located in the county? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which county? Henrico	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? Hilbert Number of years? 20 years	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.   	
Please list your educational background and/or other expertise or qualifications you will bring to this authority, board, commission or task force:  I have already served on this board for four years and have also served on a number of committees. I am a strong advocate of city living and specialize in selling homes here. Have also volunteered with a number of city sponsored events in the past.	



NOTE: This application is a public document. Completed applications will remain on file with the City Clerk for six (6) months at which time it must be updated.

Office of the City Clerk, 900 East Broad Street, Suite 200, Richmond, Virginia U.S.A. 23219  
Telephone: (804) 646-7955 • Fax: (804) 646-7736  
[www.richmondgov.com/cityclerk](http://www.richmondgov.com/cityclerk)

**City of Richmond, Virginia**  
**City Council**  
**Authorities, Boards, Commissions and Task Forces Application**

List other city of Richmond authorities, boards, commissions or task forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

Entity: Richmond Public Library Board  
Date(s) Served: 2012-present Office(s) Held: Chair- Governance Committee, Facilities Committee, Chair- Library Director Search Committee  
Entity: \_\_\_\_\_  
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_  
Entity: \_\_\_\_\_  
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

**Other community involvement:**

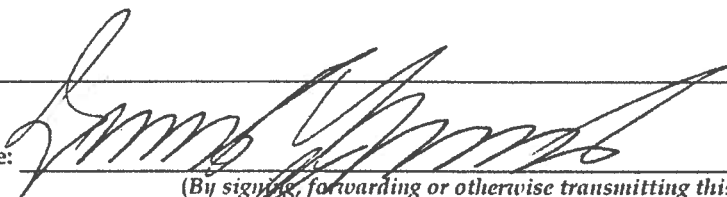
Ginter Park Library Advisory Board  
Pope Ave Water Stop Capt. for Anthem Richmond Marathon 4 years  
President, Bellevue Civic Association

**OPTIONAL**

Please list additional information you would like considered, or you may attach your resume or other information.

Check this box if your resume is attached.

How did you hear about or who referred you to apply for appointment to this authority, board, commission or task force?

Signature:  Date: 3-13-16  
*(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge)*

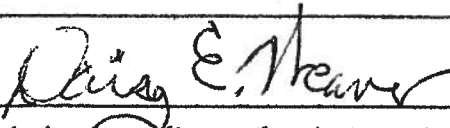
**NOTE:** This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.

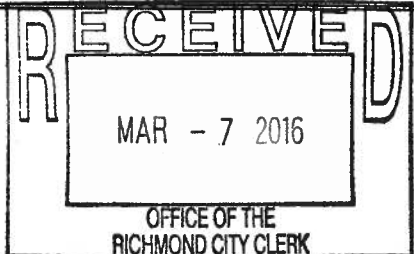
Office of the City Clerk, 900 East Broad Street, Suite 200, Richmond, Virginia U.S.A. 23219  
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**City of Richmond, Virginia**  
**City Council**  
**Authorities, Boards, Commissions and Task Forces**  
**Reappointment Application**

(Please Print or Type)

<b>Name of Authority, Board, Commission or Task Force:</b> Richmond Public Library Board	
<b>Title:</b> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
<b>Last Name:</b> Weaver	<b>First Name:</b> Daisy
<b>Home Street Address:</b> 1305 Brookland Parkway	<b>Home Telephone:</b> 804-359-0219
<b>Home City, Zip Code:</b> 23227	<b>Home Fax:</b>
<b>Personal E-Mail Address:</b> dweaver25@gmail.com	
<b>Employer:</b> Retired, City of Richmond	
<b>Job Title:</b> Retired	<b>How Long?</b>
<b>Business Street Address:</b>	<b>Business Telephone:</b>
<b>Business City, Zip Code:</b>	<b>Business Fax:</b>
<b>Business E-Mail Address:</b>	
<b>Is your place of employment located in the city of Richmond?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Is your place of employment located in the county?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which county?	
<b>Are you a city resident?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 2 Number of years? 30	
<b>Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
<b>Signature:</b> Daisy E. Weaver  <b>Date:</b> 3/7/2016	
<i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i>	



**NOTE:** This application is a public document.

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# Sister Cities Commission

## Vacancy Chart *as of* September 11, 2016

The commission shall consist of thirteen (13) members, of whom at least one shall be a member of Council. The members shall be appointed by City Council. Members appointed to the commission shall either reside or work in the city of Richmond.

*(Assigned to the Governmental Operations Standing Committee)*

<b>Member</b>	<b>Patron</b>	<b>Expiration Date</b>	<b>Eligible for Reappoint.</b>	<b>Interested in Reappoint.</b>	<b>Qualification</b>
Julia Martin	All members of Council	03/22/2016	Yes	No	Reside or work in the city

**Contact:**

Pat Cummins, Chair  
Sister Cities Commission  
804-893-3490  
[patriciawcummins@gmail.com](mailto:patriciawcummins@gmail.com)



**Authorities, Boards, Commissions and Task Forces Application**

(Name of Authority, Board, Commission or Task Force)

**SISTER CITIES COMMISSION**

Title:

Name:

Home Address:

Home Telephone:  Home Fax:

Personal E-Mail Address:

Employer:

Job Title:  How Long?

Business Address:

Business Telephone:  Ext:  Business Fax:

Business E-Mail Address

Is Your Place of Employment Located in the city of Richmond  Yes

Is your Place of Employment Located in the County?  Yes If Yes, Which County?

Are You A City Resident?  Yes If Yes, Which City Council District?  Number of Years?

Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment?

If yes, please provide information on the nature of the contract.

Please List Your Educational Background and/or Other Expertise or Qualifications You Will Bring to This Authority, Board, Commission or Task Force:

*V.C.U. Graduate, full Provost Scholarship, B.A. in Art History, Minor in Religious Studies. Studied Arabic in Morocco from 2011-2013. On the Youth Advisory Board with N.A.M.I. (National Alliance on Mental Illness). Training in Conflict Resolution at Richmond Peace Education Center. Co-facilitated Training in Conflict Resolution at Richmond Public High-Schools. Helped create the Youth and Leadership Board on Sister Cities.*

List other city of Richmond Authorities, Boards, Commissions or Task Forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

*Began attending Sister Cities Meetings in 2014 and helped with the Annual Meeting speaking on a panel discussion :You Are Never Too Young. I am on the Chinese and Saitama committee.*

Other Community Involvement:

*Volunteer regularly at ART 180, Virginia Museum of Fine Arts (mainly in the Children's Studio, The Richmond Peace Education Center.*



City of Richmond, Virginia  
City Council

**Authorities, Boards, Commissions and Task Forces Application**

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**(OPTIONAL) Please List Additional Information You Would Like Considered, or You May Copy and Paste Your Short Resume.**

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**How Did You Hear About or Who Referred You to Apply for Appointment to This Authority, Board, Commission or Task Force?**

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**NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.**