



# Public Safety Standing Committee

## Boards & Commissions Quarterly Board Vacancy Report

Tuesday, July 27, 2021

Board Name	Criteria for Appointment	Applicant Name
<b>Richmond Ambulance Authority</b> (11 members) <a href="#">(page 2)</a>	Reside or work in the city      (5 vacancies)	Matthew Conrad 7 <sup>th</sup> District Resident <a href="#">(reappointment, page 3)</a>
		Julia Hammond 6 <sup>th</sup> District Employment <a href="#">(reappointment, page 4)</a>
		Dr. Michael Ferras 4 <sup>th</sup> District Resident <a href="#">(page 5)</a>
		Elizabeth Matish 2 <sup>nd</sup> District Employment <a href="#">(reappointment, page 7)</a>
		Brandon Mencini 9 <sup>th</sup> District Employment <a href="#">(reappointment, page 8)</a>
		Kirk Roberts 4 <sup>th</sup> District Resident <a href="#">(reappointment, page 9)</a>

# Richmond Ambulance Authority

*Vacancies as of  
November 7, 2021*

The Authority shall have **(11) eleven members**, two of whom shall be the **Chief Administrative Officer** and the **Director of Finance**, and one **City Council member**.

(8) members shall be appointed by the City Council for a term of two (2) years.

The Chief Administrative Officer and the Director of Finance shall serve during the time that they hold such offices.

Members of the Richmond Ambulance Authority must **either live or work in the city** as a condition of their membership. (Per opinion from City Attorney’s Office by e-mail dated August 7, 2017).

*(Assigned to the Public Safety Standing Committee)*

<b>Current Vacancies</b>				
Member Name	Criteria for Appointment	Live / Work District	Term	Terminate
Matthew Conrad	Reside or work	7 <sup>th</sup>	Third Term	10/24/2021
Julia Hammond	Reside or work	6 <sup>th</sup> District Employment	First Term	09/10/2021
Elizabeth Matish	Reside or work	2 <sup>nd</sup> District Employment	Eighth Term	10/24/2021
Brandon Mencini	Reside or work	9 <sup>th</sup> District Employment	First Term	10/24/2021
Kirk Roberts	Reside or work	4 <sup>th</sup>	Partial Term	10/24/2021
<b>Current Membership</b>				
Member Name	Criteria for Appointment	Live / Work District	Term	Terminate
DeWitt C. Baldwin, III	Reside or work	2 <sup>nd</sup>	Second Term	01/09/2022
Dr. Richard L. Bennett, Jr.	Reside or work	1 <sup>st</sup>	Fourth Term	06/10/2023
Carlos Hopkins	Reside or work	6 <sup>th</sup> District Employment	First Term	11/28/2021
Lincoln Saunders	Reside or work	6 <sup>th</sup> District Employment	First Term	Indefinite
Shelia White	Director of Finance	6 <sup>th</sup> District Employment	First Term	Indefinite
Kristen N. Larson	City Council Representative	4 <sup>th</sup>	Second Term	12/31/2024

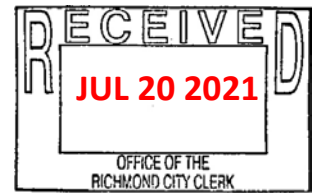
**Contact:**

Richard “Chip” Decker,  
CEO, Richmond Ambulance Authority  
804-254-1180




City of Richmond, Virginia  
City Council

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



(Please Print or Type)

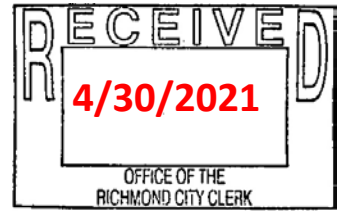
Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>	
Last Name: Conrad	First Name: Matt
Home Street Address: 2002 Princess Anne Avenue	Home Telephone: (804) 938-7654
Home City, Zip Code: Richmond, VA 23223	Home Fax:
Personal E-Mail Address: matthewconrad@gmail.com	
Employer: Virginia Commonwealth University	
Job Title: Vice President for Government & External Relations	How Long? 8 years
Business Street Address: 910 West Franklin Street	Business Telephone: (804) 828-6035
Business City, Zip Code: Richmond, VA 23284	Business Fax:
Business E-Mail Address: maconrad@vcu.edu	
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? 7 Number of years? 7	
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: July 20, 2021
<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.**

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  
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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: Richmond Ambulance Authority	
Title: Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: Hammond	First Name: Julia
Home Street Address: 2021 Thornleigh Rd	Home Telephone: (804) 305-1542
Home City, Zip Code: 23113	Home Fax: _____
Personal E-Mail Address: jchammond411@gmail.com	
Employer: Cozen Public Strategies	
Job Title: Government Relations Principal	How Long? 3
Business Street Address: 1021 East Cary Street	Business Telephone: (804) 762-6917
Business City, Zip Code: 23219	Business Fax: _____
Business E-Mail Address: jhammond@cozen.com	
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 type="checkbox"/> No <input checked="" 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.          	
Signature: <u>Julia Hammond</u>	Date: <u>04/30/2021</u>
(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.)	

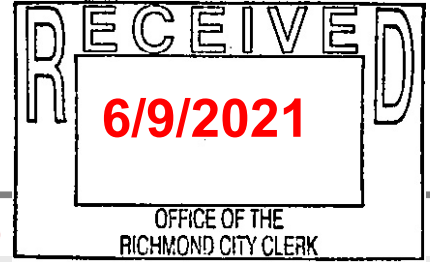
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City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces
Application



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

RICHMOND AMBULANCE AUTHORITY

Title: Dr
Name: Michael W Ferras
Home Address: 003000 KENMORE RD RICHMOND VA 23225
Home Telephone: 8042216814
Personal E-Mail Address: michael.ferras@gmail.com
Employer: VCU Health
Job Title: Physician
Business Address: 001250 MARSHALL ST RICHMOND VA 23298
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? No If Yes, Which County?
Are You A City Resident? No If Yes, Which City Council District? 4 Number of Years? 28

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.

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

Bachelor of Sciences in Health Sciences and Biology - Double major from James Madison University 2008-2013
Doctor of Medicine from Virginia Commonwealth University 2013-2017
University of Central Florida Emergency Medicine Residency 2017-2020
Virginia Commonwealth University Emergency Medical Services Fellowship 2020-2021
Lakeside Volunteer Rescue Squad Member 2008-Present
Lakeside Volunteer Rescue Squad Board Member 2013-2017
Grottoes Volunteer Rescue Squad Member 2009-2013
Stony Creek Volunteer Rescue - in the process of becoming their Operational Medical Director
American College of Emergency Physicians 1/2016- Present
National Association of EMS Physicians 1/2019- Present

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.

None



City of Richmond, Virginia  
City Council

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

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**Other Community Involvement:**

*Crossover Ministries 5/11-8/11*

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

*EMS Physician Training and qualifications*

*As an EMS physician I have specifically had education and training on EMS system design and operations, EMS laws and regulations, and EMS dispatch and communication. I have education and experience in out of hospital emergency care, disaster medicine, medical direction of EMS systems, and EMS education and methodology, as well as experience in active participation in the management of acutely ill patients in the field.*

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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?**

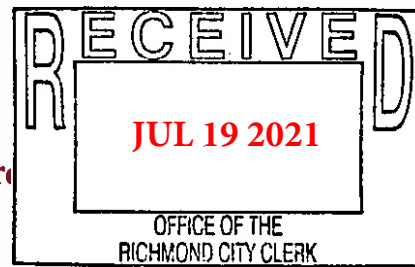
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**NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.**

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



**(Please Print or Type)**

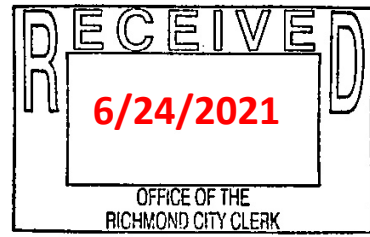
Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority	
Title: Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>	
Last Name: Matish	First Name: Elizabeth
Home Street Address: 8108 Lower Ralston Ct	Home Telephone: 804-647-3470
Home City, Zip Code: Henrico, VA 23229	Home Fax: N/A
Personal E-Mail Address: elmatish@gmail.com	
Employer: HCA Healthcare	
Job Title: CEO, Retreat Doctors' Hospital	How Long? 5 Years
Business Street Address: 2621 Grove Avenue	Business Telephone: 804-254-5105
Business City, Zip Code: Richmond, VA 23220	Business Fax:
Business E-Mail Address: elizabeth.matish@hcahealthcare.com	
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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide information on the nature of the contract. Retreat Doctors' Hospital provides Occupational Medicine service to the City of Richmond.	
Signature: <u><i>El. Matish</i></u>	Date: <u>7/19/21</u>
<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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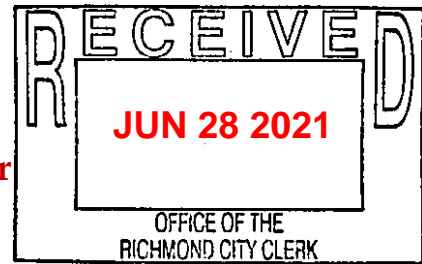
(Please Print or Type)

<b>Name of Authority, Board, Commission or Task Force:</b> <p style="text-align: center;"><b>RICHMOND AMBULANCE AUTHORITY</b></p>	
<b>Title:</b> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
<b>Last Name:</b> _____	<b>First Name:</b> _____
<b>Home Street Address:</b> _____	<b>Home Telephone:</b> _____
<b>Home City, Zip Code:</b> _____	<b>Home Fax:</b> _____
<b>Personal E-Mail Address:</b> _____	
<b>Employer:</b> _____	
<b>Job Title:</b> _____	<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"/> <b>If yes, which county?</b> _____	
<b>Are you a city resident?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes, which City Council district?</b> _____ <b>Number of years?</b> _____	
<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 type="checkbox"/>	
If yes, please provide information on the nature of the contract.          	
<b>Signature:</b> _____ <b>Date:</b> _____	
<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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(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority BOD	
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: Roberts	First Name: Kirk
Home Street Address: 8236 Barningham Rd	Home Telephone: (757) 592-0452
Home City, Zip Code: Richmond, VA 23235	Home Fax:
Personal E-Mail Address: kirksroberts@gmail.com	
Employer: CJGeo	
Job Title: Vice President	How Long? 15 years
Business Street Address: 3402 Acorn St #202	Business Telephone: (757) 566-1534
Business City, Zip Code: Williamsburg, VA 23188	Business Fax: (757) 566-3025
Business E-Mail Address: kirk@cjgeo.com	
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?	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 4 Number of years? 10	
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: <u>Kirk Roberts</u> Date: <u>06/27/2021</u>	
(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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