

Education and Human Services Standing Committee

Boards & Commissions Vacancy Report

Thursday, July 25, 2019

<u>Board Name</u>	<u>Criteria for Appointment</u>	<u>Applicant Name</u>
	2 nd District Resident	Leighton Powell
Advisory Board of Recreation		(reappointment, page 3)
and Parks		Nathan Thomson (page 4)
(13 members)	(1 vacancy)	Ronald Timmons (page 5)
(page 2)	7 th District Resident	Austyn Pedersen (page 7)
	(1 vacancy)	
	Resident	Delegate Delores McQuinn
Capital Area Partnership		(reappointment, page 10)
Uplifting People, Inc.		
(4 members)		
(page 9)		
	(3 vacancies)	
	Parent representative who receives or has	Janet Kelly (page 12)
Community Policy and	received services for the representative's	
Management Team	child or foster child through one or more of	
(9 members)	the agencies participating in the Community	
(page 11)	Policy and Management Team	
	(1 vacancy)	Denise Dickerson
Richmond Behavioral Health	Ť	
		(reappointment, page 15) Cheryl Green
Authority (15 members)		(reappointment, page 16)
(page 14)		Karah Gunther
(page 14)		(reappointment, page 17)
		Zoe Bunnell (page 18)
	(5 vacancies)	Maria Stransky (page 21)
	Resident of the City	Cassandra Shaw
Social Services Advisory		(reappointment, page 24)
Board		
(9 members)		
(page 23)		
-	(3 vacancies)	
	Person with a Disability	No applications
Aging and Disabilities		
Advisory Board		
(9 members)		
(page 25)		
	(1 vacancy)	
	*Applicant must work or reside in the city	

*Applicant must work or reside in the city

Advisory Board of Recreation and Parks

Vacancy Chart

as of November 11, 2019

The Advisory Board of Recreation and Parks shall consist of 13 members. All members are appointed by motion of City Council. One member shall be nominated by the Board of Directors of the Monroe Park Conservancy to represent the conservancy, one member shall be nominated by the Board of Directors of the Maymont Foundation to represent the foundation, and one member shall be nominated by the Board of Directors of the EnRichmond Foundation to represent the foundation. One member shall be selected from the staff of the city's Department of Parks, Recreation and Community Facilities. One member shall be selected from each of the nine Councilmanic Districts of the City, with each such member to be a resident of the Councilmanic District nominated by the Council member representing such Councilmanic District fail to nominate a resident of the Councilmanic District within 90 days of a vacancy, whether created by the expiration of a term or otherwise, in the seat assigned to that Councilmanic District, any Council member may nominate a resident of any Councilmanic District to fill such vacancy.

(Assigned to the Education and Human Services Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Adam Clevenger	All members of Council	3/11/2019	Resigned	Resigned	7 th District resident
Leighton Powell	All members of Council	6/10/2019	Yes	Yes	2 nd District resident

Contact:

Wanda Marable, Executive Assistant Parks, Recreation and Community Facilities 804-646-1128 (o) Wanda.marable@richmondgov.com



(Please Print or Type)

Name of Authority, Board, Commission or Task Force:	Richmond Parks & R	ecreation Advisory Board
Title: Mr. Mrs. Ms. Ms. Dr. C	Other:	
Last Name: Powell	First Name: Leighton	
Home Street Address: 617 Saint James Street		Home Telephone: (804) 363-9453
Home City, Zip Code: Richmond, Virginia 23220-32	35	Home Fax:
Personal E-Mail Address: LLPowell@gmail.com		
Employer: Scenic Virginia		
Job Title: Executive Director		How Long? 19 years
Business Street Address: 4 East Main Street, Suite 2	2A	Business Telephone: (804) 643-8439
Business City, Zip Code: Richmond, Virginia 23219		Business Fax: (866) 499-9439
Business E-Mail Address: leighton.powell@scenicvi	rginia.org	
Is your place of employment located in the city of Rich	mond? Yes 🖌 🛛	No 🗌
Is your place of employment located in the county?	les No If yes, w	which county?
Are you a city resident? Yes 🖌 No 🗌 If yes, w	vhich City Council district	? 2 Number of years? 16.5
Do you or your employer have a contract, other than a or the entity to which you are seeking appointment?	contract of employment, ei Yes □ No 🖌	ther with the city of Richmond or with
If yes, please provide information on the nature of the	contract.	
	~	
Signature: Reight Powell		Date: 24 June 2019
(By signing, forwarding or otherw information submitted for consideration	0, ,	
NOTE: This application is a public document.		DECEIVE June 24, 2019 OFFICE OF THE BICHMOND CITY CLERK

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City of Richmond, Virginia **City Council**

Authorities, Boards, Commissions and Task Forces Application

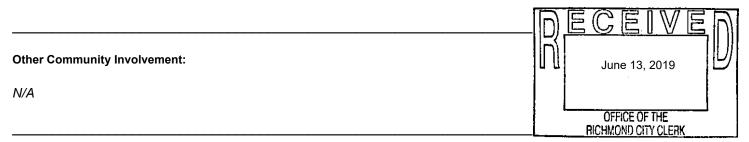
		(Name of Aut	hority, Boa	rd, Commissio	n or Task	Force)			
		AD	VISORY B	DARD OF	RECREATIO	ON AND	PARKS			
Title:										
Name: Nathan	Thomson	n								
Home Address: 00	02421	PARK AVE	RICHMO	ND VA 23	220					
Home Telephone:	804274	48669					Home F	ax:		
Personal E-Mail Ade	dress:	thomson.nl	n@gmail.c	om						
Employer: Patien	t Service	es Inc.								
Job Title: Associa	ate, Gov	ernment Re	lations					How	Long?	
Business Address:	3104	BOUNDAR	Y CT MI	OLOTHIA	N VA 23112					
Business Telephone	e: 8042	2143312		Ext:		Business	Fax:			
Business E-Mail Ad	dress	nthomson	@uneedps	.org						
Is Your Place of Em	ployment	Located in th	e city of Ric	hmond	No					
Is your Place of Emp	ployment	Located in th	e County?	Yes	lf Ye	s, Which (County?	Chest	terfield	
Are You A City Resident?		Yes	lf Yes, Whicl	n City Coun	cil District?	2	Numb	oer of Ye	ears? 1	
Do you or your emp	•				employment,	either with	the city of	Richmo	nd or with	i
the entity to which y	you are se	eking appoin	tment?	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:

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.

I have a Masters Degree in Environmental Policy with a focus on Public Land Management. I have worked with both the Forest Service and the Bureau of Land Management. In my current role I work in Government Relations, albeit in the healthcare sector.



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

Authorities, B

Authorities, Boards, Commissions and Task Forces Application

City of Richmond, Virginia City Council

(Name of Authority, Board, Commission or Task Force)								
ADVISORY BOARD OF RECREATION AND PARKS								
Title: Mr								
Name: Ronald A Timmons								
Home Address: 000929 W CLAY ST RICHMOND VA 23223								
Home Telephone: 8049718070 Home Fax:								
Personal E-Mail Address: ratimmons88@gmail.com								
Employer: Cristo Rey Richmond High School								
Job Title: Enrollment Coordinator How Long? 1								
Business Address: 000304 N SHEPPARD ST RICHMOND VA 23221								
Business Telephone: 8044474704 Ext: Business Fax: 8044474865								
Business E-Mail Address rtimmons@cristoreyrichmond.org								
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 Yes If Yes, Which City Council District? 2 Number of Years? 30 Resident?								
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:

I attended William Fox, Fisher Elementary, Thompson Middle, Richmond Community High and then graduated from Howard University in 2011 with a degree in health science. I've lived in Los Angeles, Washington DC, and rural Mississippi but have always returned to Richmond because it is my home and nothing matters more to me than seeing my home turning into a healthy space for families to grow and youth to be empowered to go out and explore life in an intentional manner. I've worked in the public schools system, rec and parks, boys and girls clubs, and even conducted community outreach efforts and advocated for the city's most vulnerable citizens on behalf of my church St. Elizabeth Catholic Church, and the boards I have been actively apart of (Richmond Hill, Richmonders Involved in Strengthening our Communities, and Unbound RVA).

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

Richmonders Involved in Strengthening Our Communities *RISC* (Executive Board) Fall 2018- Current Richmond Hill (Board Member) - Spring 2018- Current Unbound RVA (Emerging Leaders Board) - Spring 2017- Current



Other Community Involvement:

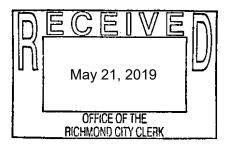
All Things Intentional LLC (personal business): Mentoring, Community Outreach, Small Business Consulting, Event Coordination

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

I love Richmond, and I do not see myself living and investing in any other city in the world EXCEPT Richmond. Growing up in Jackson Ward, and Bon Air, I was introduced to two different spectrums of living within our city limits. I remember as a high school student working on a humanities project were we redesigned our neighborhoods, adding green space, bike racks, youth and family centers, sidewalks and art installments. It brought so much joy to me and instilled hope that one day these things could be a reality. I've been to numerous community meetings, sat in city council meetings, advocated on behalf of the city's homeless population and even started a food pantry for my neighbors in Jackson Ward. It would be a true honor to be a part of our city's planning commission and I am fully invested in seeing our city turn into a city of dreams manifested.

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

I follow a daily newsletter written by Ross Catrow called "Good Morning RVA" and he suggested that h



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Authorities, Boards, Commissions and Task Forces Application

(Name of Authority, Board, Commission or Task Force)							
ADVISORY BOARD OF RECREATION AND PARKS							
itle:							
ame: Austyn Pedersen							
ome Address: 000307 CEDAR ST APT RICHMOND VA 23223							
ome Telephone: 7032686068 Home Fax:							
ersonal E-Mail Address: austyn@savageultimate.com							
mployer: Savage Apparel Co.							
bb Title: Outreach Coordinator How Long?							
usiness Address: 000005 E BROOKLAND PARK BLVD RICHMOND VA 23222							
usiness Telephone: 7032686068 Ext: Business Fax:							
usiness E-Mail Address austyn@savageultimate.com							
Your Place of Employment Located in the city of Richmond Yes							
your Place of Employment Located in the County? No If Yes, Which County?							
re You A City Yes If Yes, Which City Council District? 7 Number of Years?							
o you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with							
ne 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 Science (Economics) from Virginia Commonwealth University. Commissioner of Richmond Ultimate Summer League (RUM) Associate Head for Southwestern Diabetic Institution and JDRF Events Coordinator for Savage Apparel Co.

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, yet.

Other Community Involvement:



Authorities, Boards, Commissions and Task Forces Application

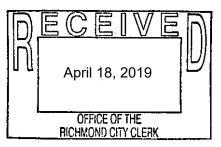
City of Richmond, Virginia City Council

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

I grew up overseas with a father in the Oil industry. People like me are classified as Third Culture Kids (TCKs), and are highly adaptable. I can bring years of diplomatic immersion, and creative soft skills to anything I do. My economic background helps to find the cheapest overall solution to pareto optimal issues. In regards to my personality profile, I am an ENFP on the Myers Briggs scale, and High I and C on the DISC profile.

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

Facebook.



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Capital Area Partnership Uplifting People, Inc.

Vacancy Chart As of

November 11, 2019

The Board of Directors shall be composed of at least fifteen (15) members, and no more than thirty (30) members (by-laws). The board shall consist of three categories of membership, as follows:

Local Government Representatives – Representatives of local governments will make up one-third of the board's members. Each participating jurisdiction's governing body will be requested to appoint a certain number of representatives, who reside in a jurisdiction, to serve on the Board of Directors. The number of directors requested to serve on behalf of a jurisdiction will be determined by the percentage of low income residents of that jurisdiction compared to the total number of low income residents of all participating jurisdictions.

Representatives of the Poor – One third of the board's members shall be members of CAPUP's Neighborhood Advisory Councils.

<u>Representatives of Community Organizations</u> – One third of the members of the board shall be officials or designated representatives of business, industry, labor, religious, educational welfare, law enforcement or other major groups in the region, and persons added to the board as a result of the petition provision of the Bylaws.

(Assigned to the Education and Human Services Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Roberts Birdsey	All members of Council	3/24/2019	3/24/2019 Yes Resigned		Resident
Delores McQuinn	All members of Council	6/10/2019	6/10/2019 Yes Yes		Resident
Jonathan Zur	All members of Council	6/10/2019	Yes	Resigned	Resident

Contact:

Hester Brown, President & CEO hbrown@capup.org (804) 788-0050



(Please	Print	or Type	e)
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Name of Authority, Board, Commission or Task Force:	CAPUP	
Title: Mr. Mrs. Ms. Miss. Dr.	Other:	
Last Name: McQuinn	First Name: Delores L.	
Home Street Address: 900 N. 35th Street		Home Telephone: 804-687-3293
Home City, Zip Code: 23223		Home Fax:
Personal E-Mail Address: deloresmcquinn23@com	cast.net	
Employer: Virginia House of Delegates		
Job Title: State Delegate		How Long? 10 years
Business Street Address: 900 East Main Street		Business Telephone: 804-698-1270
Business City, Zip Code: 23219		Business Fax: 804-698-6770
Business E-Mail Address: deldmcquinn@house.virg	inia.gov	
Is your place of employment located in the city of Rich	mond? Yes 🖌 🕺	No 🗌
Is your place of employment located in the county? Y	es 🗌 No 🖌 If yes, w	vhich county?
Are you a city resident? Yes 🖌 No 🗌 If yes, w	which City Council district	? 7th Number of years? 30+
Do you or your employer have a contract, other than a c the entity to which you are seeking appointment?	contract of employment, ei Yes □ No √	ther with the city of Richmond or with
If yes, please provide information on the nature of the o	contract.	
Signature: Dekores L. McQuinn		_{Date:} June 19,2019
(By signing, forwarding or otherwa information submitted for consideration	0, ,	st of your knowledge.)
NOTE: This application is a public document.		DECEIVED June 19, 2019 OFFICE OF THE BICHMOND CITY CLERK

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Vacancy Chart As of

November 11, 2019

The Commission shall consist of the following members as set forth in section 2.2-5205 of the Code of Virginia, (1950), as amended:

- a. Director of Social Services.
- b. Chief Executive Officer of the Richmond Behavioral Health Authority.
- c. Director of Thirteenth District Court Services Unit.
- d. Director of the Richmond City Health District.
- e. Director of Justice Services.
- f. Superintendent of Public Schools.
- g. A parent representative who receives or has received services for the representative's child or foster child through one or more of the agencies participating in the Community Policy and Management Team.
- h. A representative of a private organization located within the City that (i) serves children and families in the City, (ii) has a provider contract with the City's Comprehensive Services Act office, (iii) is in compliance with its provider contract and (iv) is properly licensed by the Commonwealth as a provider of services to children and families. If this representative's organization fails to remain in good standing pursuant to its contract with the City's Comprehensive Services Act office, then the representative's seat on the team will become vacant immediately upon the occurrence of such failure, and the Council will appoint a new representative from a different eligible organization.
- i. An elected official or an appointed official or the designee thereof from the City Council.

(Assigned to the Education and Human Services Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification	
Harley Tomey	All members of Council	07/01/2018	No	-	(g)	

Contact: Patricia Wallace CSA Program Administrative Support 804-646-3302 (o) Patricia.wallace@richmondgov.com



Authorities, Boards, Commissions and Task Forces Application

(Name of Authority, Board, Commission or Task Force)								
	COMMUNIT	TY POLICY AND MA	NAGEMENT TEAM					
Title:								
Name: Janet Kelly								
	EAST SEMINARY A		23227					
Home Telephone: 80428	34814		Home Fa	ax:				
Personal E-Mail Address:	janetvestalkelly@gr	nail.com						
Employer: Virginia's Kids	Belong							
Job Title: President				How Long?				
Business Address: 000018	3 THOMPSON St	RICHMOND VA 232	21					
Business Telephone: 804	2834814	Ext:	Business Fax:					
Business E-Mail Address	janet@vakidsbelon	g.org						
Is Your Place of Employment	t Located in the city of R	Richmond Yes						
Is your Place of Employment	Located in the County?	? No	If Yes, Which County?					
Are You A City Resident?	Yes If Yes, Wh	ich City Council District	? 3 Numbe	er of Years? 10				
Do you or your employer hav	ve a contract, other than	a contract of employm	ent, either with the city of F	Richmond or with				
the entity to which you are so	eeking 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:

President, VA's Kids Belong Adoptive Mom out of foster care Advocate for kids, families and workers in foster care Former Secretary of the Commonwealth Past advisor to various public officials

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.

Bachelors in Political Science 6 credits short of Master of Public Policy Civic-Minded

Other Community Involvement:

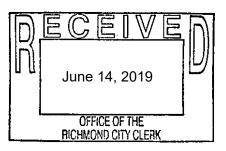


Authorities, Boards, Commissions and Task Forces Application

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

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

Director Shunda Giles, Richmond DSS



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.

Richmond Behavioral Health Authority

Vacancy Chart

as of November 11, 2019

The authority shall have a board of directors consisting of fifteen (15) members who shall be appointed by Council. Appointments to the Board of Directors shall be broadly representative of the community, to include consumers and family members of consumers when practical, and one (1) city employee who shall be nominated by the mayor.

Appointments to the board of directors shall be broadly representative of the community. One-third of the appointments to the board shall be individuals who are receiving or who have received services or family members of individuals who are receiving or who have received services, at least one of whom shall be an individual receiving services. One or more appointments may be nongovernmental services providers. Sheriffs or their designees also shall be appointed, when practical.

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
William Sharkey	All members of Council	06/30/2019	No	-	Individual receiving services
Cheryl Green	All members of Council	06/30/2019	No	-	City Employee – Mayor Recommendation
Karah Gunther	All members of Council	07/01/2019	Yes	Yes	Reside and/or work
Denise Dickerson	All members of Council	07/01/2019	Yes	Yes	Reside and/or work
Claire Cottrell	All members of Council	07/01/2019	No	Resigned	Family member of an individual receiving services

(Assigned to the Education and Human Services Standing Committee)

Contact:

Meleese Evans, Executive Assistant to the Executive Director and Board of Directors Richmond Behavioral Health Authority 107 South 5th Street, 3rd Floor Richmond, Va. 23219 804-819-4002 (o) evansm@rbha.org



(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Behavioral Health Authority						
Title: Mr. Mrs. Ms. Miss. Dr. Other:						
Last Name: Dickerson First Name: Denise P						
Home Street Address: 2911 Kenbury Road		Home Telephone:804-272-5082				
Home City, Zip Code:23235		Home Fax:				
Personal E-Mail Address:d16d02@verizon.net						
Employer: Virginia Department of Social Se	rvices					
Job Title: Deputy Compact Administrator/Pr	ogram Manager	How Long? 13+				
Business Street Address:801 East Main Street;	11th Floor	Business Telephone:804-726-7581				
Business City, Zip Code:23219		Business Fax:804-726-7498				
Business E-Mail Address: denise.dickerson@ds	s.virginia.gov					
Is your place of employment located in the city of Rich	Is your place of employment located in the city of Richmond? Yes ✓ No					
Is your place of employment located in the county? Y	es 🗌 No 🖌 If yes, w	hich county?				
Are you a city resident? Yes 🖌 No 🗌 If yes, which City Council district? 4th Number of years? 37						
Do you or your employer have a contract, other than a c the entity to which you are seeking appointment?	contract of employment, ei Yes □ No ☑	ther with the city of Richmond or with				
If yes, please provide information on the nature of the contract.						
Signature: Denise P. Dickerson		Date: 6/3/2019				
(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.		DECEIVE June 3, 2019 OFFICE OF THE RICHMOND CITY CLERK				

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(Please Print or Type)

Name of Authority, Board, Commission or Task Force:	RBHA				
Title: Mr. Mrs. Ms. Miss. Dr. Other:					
Last Name: Green First Name: Cher	nd Ivey				
Home Street Address: 4-730 Tawlor Brook have	Home Telephone: 804-771-8861				
Home City, Zip Code: Tichon and 1/A 7.373(1	Home Fax: Sume				
Personal E-Mail Address: ('green@ Procligyinet					
Employer: First Bastist Church Smith	- Richmonel				
Job Title: Executive Minister	How Long? 20 years				
Business Street Address: 1501 Decature Street	Business Telephone: 64-733-767				
Business City, Zip Code: R. Chmerce VA 2322 C	Business Fax:				
Business E-Mail Address: exec ministries @ fbctodayio	<u></u>				
Is your place of employment located in the city of Richmond? Yes	No				
Is your place of employment located in the coupty? Yes No If yes, which county?					
Are you a city resident? Yes No If yes, which City Council district	? Number of years?				
Do you or your employer have a contract, other than a contract of employment, eit the entity to which you are seeking appointment? Yes No					
If yes, please provide information on the nature of the contract.					
Signature:	Date: 6/25/19				
(By signing, forwarding or otherwise transmitting this form, yo					
information submitted for consideration is true and accurate to the best of your knowledge.)					

NOTE: This application is a public document.

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Page 1 of 1



(Please Print or T yre)

Name of Authority, Board, Commission or Task Force: RI	ВНА
Title: Mr. Mrs. Ms. Miss. Dr. Other:	0
Last Name: OUN Ther First Name: Kara	
Home Street Address: 4214 Augusta Ave. (NEW)	Home Telephone: 804-332 -
Home City, Zip Code: Richmond, VA 23230	Home Fax: 2350
Personal E-Mail Address: Karah gunthere gmail. com	
Employer: VCU	
Job Title: Executive Director, Govit Relations	How Long? SXS.
Business Street Address: 910 W. Franklin St.	Business Telephone: 8 D4-828-68
Business City, Zip Code: Richmond 23284	Business Fax:
Business E-Mail Address: Klgun there Vcy. edu	
Is your place of employment loca d in the city of Richmond? Yes M	No 🗌
Is your place of employment located in the county? Yes 🗌 No 🗹 If yes, w	hich county?
Are you a city resident? Yes 🛛 No 🗌 If yes, which City Council district	? Number of years?
Do you or your employer have a contract, other than a contract of employment, ei the entity to which you are seeking appointment? Yes No	ther with the city of Richmond or with
If yes, please provide information on the nature of the contract. Multiple (b/n City & VCU/VCUHS)	$\square \qquad June 4, 2019 \qquad \square$
	OFFICE OF THE
Signatur Ranah und	Date: 6/4/19
(By signing, forwarding or otherwise transmitting this form, you information submitted for consideration is true and accurate to the be	

NOTE: This application is a public document.

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Revised --04/01/14

CITY OF RICHMOND TRUE

Authorities, Boards, Commissions and Task Forces Application

City of Richmond, Virginia City Council

(Name of Authority, Board, Commission or Task Force)						
	RICHMOND	BEHAVIORAL HEAI	TH AUTHORITY			
Title: Ms						
Name: Zoe M Bunnell						
Home Address: 001609	POPE AVE 1609 RIC	CHMOND VA 23227				
Home Telephone: 80476	75280		Hom	e Fax:		
Personal E-Mail Address:	zoebunnell@gmail.co	om				
Employer: VCU Health, C	Children's Mental Heal	th Resource Center				
Job Title: Family Navigat	or			How Long?		
Business Address: 001308	8 SHERWOOD AVE	1308 RICHMOND V	A 23220			
Business Telephone:		Ext:	Business Fax:			
Business E-Mail Address						
Is Your Place of Employment	t Located in the city of Rig	chmond Yes				
Is your Place of Employment	t Located in the County?	No If	Yes, Which County?			
Are You A City Resident?	Yes If Yes, Whic	ch City Council District?	3 Nu	mber of Years? 12		
Do you or your employer hav the entity to which you are so		a contract of employmen No	t, either with the city	of Richmond or with		
If yes, please provide inform	ation on the nature of the	e contract.				

Not that I am aware of.

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

I have a Masters in Social Work, with concentration in Interpersonal Practice, earned in 1999 I have a Masters in Public Health, with concentration in Health Behavior and Health Education, earned in 1999 For the past 3 years I have worked as Family Navigator for the Children's Mental Health Resource Center, where I help families in Virginia navigate the mental health system and understand how to access appropriate services for their children.

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.

Other Community Involvement:

Current volunteer at Impact 100, American Red Cross Past volunteer at Fan Free Clinic, Sabot at Stony Point Presently in EMT training to be able to volunteer with rescue squad



Authorities, Boards, Commissions and Task Forces Application

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

Zoe Bunnell, MSW, MPH

(804)767-5280 ? zoebunnell@gmail.com ? 1609 Pope Ave, Richmond VA 23227

EDUCATION & TRAINING

University of Michigan School of Social Work; MSW: Interpersonal Practice in Mental Health (1999) Practicum: Couples and Family therapy at Riverside Outpatient Mental Health Center Licensure: LCSW in CA, LMSW in MI University of Michigan School of Public Health; MPH: Health Behavior and Health Education (1999) Practicum: Family support services at Alzheimer's Association Great Lakes Region New York City Urban Fellows Program, New York NY; NYC Office of Management and Budget (1994-95) White House Internship Program, Washington DC; White House Office of Health Policy (1994) Smith College; A.B. cum laude, Major in Anthropology (1994)

EMPLOYMENT

Family Navigator, VCU Children's Mental Health Resource Center, Richmond VA (2016-present) Provide education, guidance, and support to families with children in need of mental health services, assist families in navigating the mental health system and finding providers that best meet their needs Inpatient Medical Social Worker, El Camino Hospital; Mountain View CA (2004-07) Coordinated discharge planning, provided health education and support to patients and families Physical Rehabilitation Unit Social Worker, St Mary's Hospital; San Francisco CA; (2002-04) Completed psychosocial assessments, collaborated with mental health and medical team Oncology, Physical Rehab and Ortho Social Worker, St Joseph Mercy Hospital; Ann Arbor MI (2000-02) Assessed patient and family needs and arranged referrals to appropriate community-based services, managed heavy caseload while maintaining attention to detail, conducted brief mental health interventions Bereavement Support Group Facilitator, Stark Funeral Service; Ypsilanti MI (2001-02) Developed environment to foster safety and mutual support, provided bereavement education University of Michigan Women's Studies Dept.: Perspectives on Women's Health; GSI (1998-99) Wrote and delivered lecture on women's experiences of depression, taught student discussion sections Job and Life Skills Trainer for At Risk Youth, Juma Ventures; San Francisco CA (1997) Worked closely with teens living in urban poverty, developed curriculum, taught employment and life skills Residential Life Counselor, Kainos Home and Training Center; Redwood City CA (1996-97) Trained adults with developmental disabilities and concurrent mental disorders in work and life skills Mental Health and Health Policy Budget Analyst, New York City OMB; New York NY (1995-96) Analyzed public policy costs and implications for community health and well-being; advocated for culturally appropriate and evidence based health and mental health State and City policy development

VOLUNTEER EXPERIENCE

Committee Co-Chair and Site Visit Captain, Impact 100; Richmond VA (2014-present) HIV Outreach Specialist and Front Desk Greeter, Fan Free Clinic; Richmond VA (2009, 2012-13) Assisted with HIV tests in clinic and neighborhood health centers, provided telephone and in-person assistance Parents' Association Co-President, Sabot at Stony Point School; Richmond VA (2010-11) Managed parent volunteers, collaborated with school administration, planned social and educational events Auction Chair, Sabot at Stony Point School; Richmond VA (2009-10) Led parent team to plan and execute major school fundraiser, ran meetings, delegated responsibilities HIV+ Support Group Facilitator, UCSF AIDS Health Project; San Francisco CA (1996, 2002) 7/24/2019

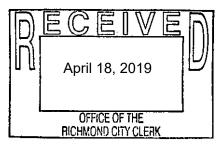


Authorities, Boards, Commissions and Task Forces Application

Facilitated mutual support, encouraged active group participation, provided health education as needed Street Outreach Volunteer, Larkin St

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

Posting by Kristen Larson of volunteer opportunities for citizens to get involved and serve our comm



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 Telephone: (804) 646-7955 * Fax: (804) 646-7736 www.richmondgov.com/cityclerk



Authorities, Boards, Commissions and Task Forces Application

	(Name of Aut	hority, Board, Commiss	ion or Task Force)		
	RICHMOND F	BEHAVIORAL HEAL	TH AUTHORITY		
Title:					
Name: Maria Stransky					
Home Address: 000405 W	/ 34TH ST RICHMON	ND VA 23225			
Home Telephone:			Home Fa	x :	
Personal E-Mail Address:	msstransky@gmail.co	om			
Employer:					
Job Title:				How Long?	
Business Address: VA					
Business Telephone:		Ext:	Business Fax:		
Business E-Mail Address					
Is Your Place of Employment I	Located in the city of Rick	hmond Yes			
Is your Place of Employment L	-ocated in the County?	No If	Yes, Which County?		
Are You A City Y Resident?	Yes If Yes, Which	City Council District?	5 Numbe	r of Years? 8	
Do you or your employer have	a contract, other than a	contract of employment	, either with the city of R	ichmond or with	
the entity to which you are see	eking 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:

I am a Licensed Professional Counselor, Certified Substance Abuse Counselor and Certified Sex Offender Treatment Provider with nearly 20 years of experience providing mental health treatment in the City and the Commonwealth. I have also been a city resident for 19 years and care about the community and my fellow residents.

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.

N/A

Other Community Involvement:

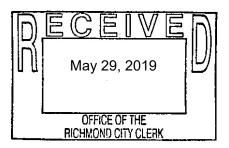


Authorities, Boards, Commissions and Task Forces Application

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

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

Woodland Heights Neighborhood Association



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.

Social Services Advisory Board

Vacancy Chart

As of November 11, 2019

The board shall consist of nine members, all of whom shall be citizens of the City. The Director of Social Services shall assign an employee to act as secretary of the board.

(Assigned to the Education and Human Services Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Sayyeda Hall	All members of Council	09/26/2019	Yes	Contacted – No response	Resident
Chelsea Wise	All members of Council	09/26/2019	Yes	No	Resident
Cassandra Shaw	All members of Council	10/22/2019	Yes	Yes	Resident

Contact:

Pamelia Watts, Management Analyst I Department of Social Services 804-646-3112 Pamelia.watts@richmondgov.com

City of Richmond, Virginia City Council Authorities, Boards, Commissions and Ta	ask Forces
Reappointment Application	ion
(Please Print or Type)	
Name of Authority, Board, Commission or Task Force:	
Title: Mr. Mrs. Mrs. Ms. Miss. Dr. Other:	
Last Name: ShAW First Name: 2557	Indra
Home Street Address: 2909 Matisse Lane	Home Telephone: (864) 35-7-7688
Home City, Zip Code: Richmond, VIV91NIA 23224	Home Fax:
Personal E-Mail Address: ShAW the SAVY 1@ Ad	
Employer: HomE Instead Schibr Care	
Job Title: PCA	How Long? 2 /2 years
Business Street Address: HomEVICEW DR	Business Telephone 804 527-1190
Business City, Zip Code: Richmond, Virginia	Business Fax:
Business E-Mail Address: N/A	
Is your place of employment located in the city of Richmond? Yes V	No 🗌
Is your place of employment located in the county? Yes 🗹 No 🗌 If yes, w	which county? Henrico
Are you a city resident? Yes 📝 No 🗌 If yes, which City Council district	? GHNumber of years? 65
Do you or your employer have a contract, other than a contract of employment, ei the entity to which you are seeking appointment? Yes No Y If yes, please provide information on the nature of the contract.	DECEIVED JUN 2 5 2019
Signature USAngha . haw (By signing, forwarding or otherwise transmitting this form, yo information submitted for consideration is true and accurate to the be	

NOTE: This application is a public document.

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Page 1 of 1

Aging and Disabilities Advisory Board

Vacancy Chart

as of November 11, 2019

The Board shall be composed of nine (9) members nominated and appointed by the Council.

Of the nine members:

- A. One member shall be a representative of the business community with primary residence or principal place of business located within the city of Richmond,
- B. Two members shall be residents of the city who are persons with disabilities,
- C. Two members shall be residents of the city who are senior citizens,
- D. One member shall be either a member of the Council or a City employee,
- E. One member shall be a resident of the city who is a caregiver of at least one person with a disability,
- F. One member shall be a caregiver of at least one senior citizen and
- G. One member shall be either an attorney or paralegal (i) whose firm or office routinely represents or handles cases for senior citizens or persons with disabilities, (ii) who has experience addressing issues related to the American with Disabilities Act and (iii) who shall not be required to be a resident of or have a principal place of business in the city.

(Assigned to Education and Human Services Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Maureen Eberhardt	All members of Council	2/8/2019	Yes	No	Person with a disability

Contact:

Pearl Langhorne Administrative Program Support Assistant Human Services 900 East Broad Street Richmond, Va. 23219 Pearl.langhorne@richmondgov.com 804-646-5823 (o)