



**REPORT TO  
Personnel and Public Employees Committee  
City of Sacramento**

**915 I Street, Sacramento, CA 95814-2604  
www.cityofsacramento.org**

**Discussion Calendar  
May 04, 2010**

**Honorable Chair and Members of  
The Personnel and Public Employees Committee**

**Title: Review of Applications for Sacramento Disabilities Advisory Commission**

**Location/Council District: (Citywide)**

**Recommendation:** Review applications and nominate candidates

**Contact:** Katia Ligaiviu, Deputy City Clerk, (916) 808-7604, Office of the City Clerk;  
Obi Agha, Program Specialist (916) 808-8426, Human Resources Department.

**Presenters:** None

**Department:** City Clerk's Office / Human Resources Department

**Division:** N/A

**Organization No:** 04001011 / 08001351

**Description/Analysis**

**Issue:** Review applications to identify the most qualified candidates to nominate and forward to the Mayor for appointment.

**Policy Considerations:** None.


**Environmental Considerations:** None.

**Commission/Committee Action:** None.

**Rational for Recommendation:** To review applications to identify the most qualified individuals for nomination to the Mayor for appointment to the City's various advisory boards.

**Financial Considerations:** None.

**Emerging Small Business Development (ESBD):** None.

Respectfully Submitted by:  \_\_\_\_\_

Katia Ligaiviu,  
Deputy City Clerk

Recommendation Approved:



\_\_\_\_\_  
Stephanie Mizuno,  
Assistant City Clerk

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**ATTACHMENT 1**

**Background:**

The following applicants are under consideration for positions on city boards and commissions.

<b>Board/Commission:</b>	Sacramento Disabilities Advisory Commission
<b>Available Positions:</b>	Three (3)
<b>Category Description(s):</b>	<b>Category:</b> member shall be representative of different disability groups including, but not limited to physical, sensory, developmental and mental disabilities. Applicants shall have experience with disability issues, knowledge or experience with disability law, such as ADA, or Title 24 of the California Code of Regulations.
<b>Status of Incumbent(s):</b>	<p>Evangeline Skierka – Eligible for another term; application attached.</p> <p>Jeff Thom – Has served maximum number of terms</p> <p>Dan Kysor – Resigned</p>

No.	Applicant Name	District	Category	Comments
1	Anderson, Darlene		-	
2	Lee, Leoma L.	5	-	
3	Skierka, Evangeline	5	-	Incumbent

# OFFICIAL RECORD OF MEETING ATTENDANCE 2010

**Board:** Sacramento Disabilities Advisory Commission

**Contact Name:** Obi Agha

**Contact Phone:** 808-8426

	Meeting Date - Meeting Type	01/04 R	01/21 R	02/01 R	02/18 R	03/01 R	03/18 R	04/05 R	04/15 R	05/03 R	05/20 R	06/07 R	06/17 R	07/05 R	07/15 R
<b>Members</b>															
	Seat														
Dan Kysor - res. 04-05-10	1	A-Ex	A-Ex	Y	Y	Y	A-Ex	V	V						
Jessica Springer	2	Y	Y	Y	Y	Y	Y	Y	Y						
Evangeline Skierka	3	A-Ex	Y	Y	Y	Y	Y	A-Ex	Y						
Jeff Thom	4	Y-AL	A-Ex	Y	A-Ex	Y	A-Ex	A-Ex	A-Ex						
Lester Finch	5	Y	Y	A-Ex	Y	Y	Y	Y	Y						
Dawn Correia	6	Y	Y	Y	Y	Y	Y	Y	Y						
Robert Benson	7	Y	Y	Y	Y	Y	A-Ex	Y	A-Ex						
David Bain	8	Y	A-Un	A-Un	Y	Y	Y	A-Ex	Y						
Joan Barden - appt. 04-12-10	9								Y						
Vacant (Neal Albritton)	9	V	V	V	V	V	V								
<b># of Seats Filled</b>															
<b>Quorum</b>															

**Meeting Types:**  
 Regular Meeting = R  
 Special Meeting = S

**Attendance Types:**  
 Present = Y  
 Absent/Unexcused = A-Un  
 Absent/Excused = A-Ex  
 Vacant = V  
 "-" = Seat Occupied by Prior Member  
 Cancelled = C  
 For members who arrive late or leave early note as: **AL** [Arrived Late] or **LE** [Left Early] after "Y-". For Example **Y-AL** or **Y-LE** or **Y-AL/LE**

**Meeting Schedule (check one):**  
 - Meets More Than Monthly  
 - Meets Monthly  
 - Meets Quarterly  
 - Meets Annually



# City of Sacramento

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

## Application for

### Appointment to Boards/Commissions and Committees

2008 APR -9 P 3:57

[Back to Applicant List](#)

**INSTRUCTIONS:** Provide all information requested; use blue or black ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: Sacramento Advisory Commission

CATEGORY FOR WHICH YOU ARE APPLYING: Disability Board  
Description Category Letter

- Name of Company/Organization Being Represented (if applicable): \_\_\_\_\_
- Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: Anderson Darlene E-Mail: \_\_\_\_\_  
First Middle

Home Address: 14th Ave Sac CA 95820 Street # Street Name City State Zip

Mailing Address (if different than home address): Mitford St Sac CA 95822 Street # Street Name City State Zip

Resident of City Council District No: \_\_\_\_\_ Community Planning Area No.: \_\_\_\_\_ If applicable

Home Telephone: 916 Business Telephone: \_\_\_\_\_

Please state the reason you would like to be a member of this board/commission (or attach): see attached

Are you currently, or have you in the past, served on an advisory group? Circle: Yes / No If yes, state the name of the group and how that service supports your application (or attach).

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes / No

If yes, please explain: \_\_\_\_\_

Darlene Anderson  
APPLICANT NAME

**BACKGROUND INFORMATION**

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: Please See Attached

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

**CURRENT EMPLOYER:**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**PRIOR EMPLOYER(S):**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**BUSINESS ENTERPRISES:** List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

Darlene Anderson  
APPLICANT NAME

916

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: 14th Ave Sac CA 95820  
Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

**FELONY CONVICTIONS:** A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: \_\_\_\_\_

None

**CIVIL ACTIONS:** List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: \_\_\_\_\_

None

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: Darlene Anderson Date: 4-9-10  
(original signature is required)

**DISCLOSURE AND REGULATORY REQUIREMENTS**

**City Code Section 2.40.060: Conflict of Interest Disclosure** - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

**City Code Section 2.40.010: Attendance** - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Circle: Yes / No

**City Resolution 2007-653: Mandatory Ethics Training** - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Circle: Yes / No

**ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: \_\_\_\_\_

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

Darlene Anderson  
14th Avenue  
Sacramento California 95820

As a volunteer for The Corporation for National Service; I served as a VISTA, in the capacity as a Resident Services Coordinator, and Community Organizer for Rural California Housing. Working with residents to promote self sufficiency, Mercy Housing's Resident Services include: After-School and Summer Programs for Children GED and English Courses Financial Education Programs Health Classes Health Care Services for seniors. The organization is committed to building grassroots leadership and empowering participants in its self-help housing, multifamily housing, housing rehabilitation and community development programs. I worked with residents to support them in understand the importance of becoming involved in their community.

My second year of Community Service, I served as Youth Development Services Coordinator for Mercy Housing. These two positions were developed to promote civic engagement with a partnership with the federal government and the nonprofit agency to promote community development. As, Mercy Housing's Resident Services coordinator the integral part of the mission was through individual leadership training and workshops, resident help to create neighborhood association and neighborhood watch groups. These services include after-school and summer programs for children, financial education classes for adults and health care services for seniors. They provide our residents with opportunities, tools and resources to help them to stabilize their lives, develop economic self-sufficiency and become active participants in their communities. As the Coordinator Youth Development for Mercy housing, I worked to implement the after school program here in Sacramento working with community partners for acquiring computers and tutors with a partnership with Sacramento State College and the America Reads programs that allows students to volunteer to work in the after school program.

I presently serve as the Past Chair of the Sacramento City Unified School District citizen advisory committee for consolidated programs. As the Chair, I work with our local school district officials to organize opportunity for parents to become involved in their children's education. I also server on my school site council as a committee member.

I am a representative of California Association of Compensatory Education, and organization of which has hundreds of volunteers that organizes and host conferences for parents in local school districts. To provide an opportunity to participate in site based decision making for that local school to prepare all students with a quality education. As a resident of the State of California in the early 80's Californian's voted that they would have local governing board and the governing board representatives to insure that locally all children would have access to a quality education. Over time our local schools have faded away from parent involvement in the decision making process of crucial planning for the single plan for student achievement. Governing Board members must be aligned with Federal Policies and guidance from the United States of America Department of Education. As I see it's critical for citizens to except responsibility of their civic responsibility to participate in our democratic process. Without continued civic involvement and the promotions all Americans we risk losing our personal freedoms.

I presently serve as a Board member of the California Alliance for School and Families and Community Partnerships, under West Ed, as am member of the Alliance is planning opportunities for the development of Community and Families to participate in local school district in the State of California. This board position gives me the opportunity to represent the voice of hundreds of CACE members in California. The California Association of Compensatory Education has many members in the State Of California, this is the one organization that still has outreach to parents and teachers and community's members that volunteer in the public educational school system. CACE is a vital link that must remain strong in order to build leadership capacity for the public education system. As a strong advocate for the public education system, I personally believe that it allows me opportunity to bring the voices of many parents and concerned citizens to the table.



I am a single parent and I have three children two which attend community college, and one in elementary school. I have Fibromyalgia and arthritis so I have not worked since 1996 but I became very involved in the public school system supporting my children through graduation. Through this process I found that it is critical that parents are involved in partnership with in their local communities and in the local school system. Two of my children have disabilities and I have had to become a strong advocate of services for my children to insure their success. I have found that in many instances that when you find some children with disabilities the parents of the children my suffer from disabilities and it is my belief that this is when the communities steps up to the challenge to insure that we as a the general public are providing support for people with disabilities.

**Objective:**

I would like to have the opportunity to serve as a Board member of Sacramento Disabilities Advisory Commission. The face of education need to change here in Sacramento, we must have a more engaged community and I believe that creating opportunity for parent of be involved locally will help to support their children efforts to build work skills and the capacity to work independently our local communities and work towards a stronger educational system here in Sacramento. As a strong advocate for the public education system I personally believe that it takes a village to raise a child and our children need our voices as parents and community partners to help hold our local official accountable.



RECEIVED City of Sacramento  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

Application for

2010 MAR 30 10:08:10 Appointment to Boards/Commissions and Committees

[Back to Applicant List](#)

**INSTRUCTIONS:** Provide all information requested; use blue or black ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: SACRAMENTO DISABILITIES ADVISORY COMMISSION

CATEGORY FOR WHICH YOU ARE APPLYING: COMMISSIONER  
Description Category Letter

- Name of Company/Organization Being Represented (if applicable): \_\_\_\_\_
- Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: LEE LEOMA LORETTA E-Mail: \_\_\_\_\_  
Last First Middle

Home Address: BROADWAY # B SACRAMENTO CA 95817  
Street # Street Name City State Zip

Mailing Address (if different than home address): PO BOX SACRAMENTO CA 95816  
Street # Street Name City State Zip

Resident of City Council District No: 5 Community Planning Area No.: \_\_\_\_\_  
Required # of Council Districts

Home Telephone: 916- \_\_\_\_\_ CELL Business Telephone: 916- \_\_\_\_\_

Please state the reason you would like to be a member of this board/commission (or attach): SENSITIVE TO PROBLEMS OF THE DISABLED. I THINK MY INPUT MAY HELP WITH ACCESS ISSUES

Are you currently, or have you in the past, served on an advisory group? Circle: Yes / No If yes, state the name of the group and how that service supports your application (or attach).  
DAC-COUNTY - LEARNED A LOT ABOUT ACCESS ISSUES  
HUMAN SERVICES COORDINATING COUNCIL - WORKED W/ VARIOUS PROBLEMS

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes / No

If yes, please explain: \_\_\_\_\_

**BACKGROUND INFORMATION**

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: AA SACRAMENTO CITY COLLEGE 5/31/10 IN SOCIAL SCIENCES

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

**CURRENT EMPLOYER:**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: See resume

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**PRIOR EMPLOYER(S):**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

LEOMA LEE  
APPLICANT NAME

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

FELONY CONVICTIONS: A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: YES 5/94 STANISLAUS COUNTY  
PROBATION ENDED 5/99

CIVIL ACTIONS: List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: \_\_\_\_\_

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: Leoma Lee Date: 3/24/10  
(original signature is required)

**DISCLOSURE AND REGULATORY REQUIREMENTS**

City Code Section 2.40.060: Conflict of Interest Disclosure - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

City Code Section 2.40.010: Attendance - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Circle: Yes / No

City Resolution 2007-653: Mandatory Ethics Training - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Circle: Yes / No

**ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: \_\_\_\_\_

LEOMA L. LEE  
P O BOX \_\_\_\_\_  
SACRAMENTO, CA 95816

**SUMMARY OF QUALIFICATIONS**

- Twenty-five years of accounting experience, including automated general ledger
- Counseling customers, tracking packages, and scheduling orders
- Peachtree, Improv for Windows, Lotus 123, QuickBooks, Microsoft Word, Excel
- Problem solving, writing letters, memos, and work instructions
- Type 30-50 wpm and 10 key by touch

**EDUCATION & TRAINING**

MTI Business College, Sacramento, CA

Administration Assistant, Graduated: March 84, 4.0 GPA

Valley Commercial College, Modesto, CA

Automated Accounting, Graduated: October 91, 4.0 GPA

*AA SAC CITY 5/10*  
**PROFESSIONAL EXPERIENCE**

- Competent in accounts payable, accounts receivable, sales tax preparation, General ledgers, and collections
- Analyzed financial statements and produced monthly and yearly reports
- Reconciled high volume bank statements for retail, fast food, and wholesale concerns
- Prepared payroll for over 3,500 employees, including direct deposits, voluntary deductions, adjusting W-4 information, quarterly, and yearly reports, W-2
- Supervised and trained several bookkeepers and an accounting clerk
- Converted manual accounting system to computerized system
- Prepared individual, partnership and corporate Federal and State income taxes
- Experience in data entry, legal transcription, and customer service

**EMPLOYMENT HISTORY**

09/99- <del>present</del> <sup>10/2000</sup> Admin. Asst.	Morcorp, Inc., Sacramento, CA
11/97-07/98 Receptionist	Loaves & Fishes, Sacramento, CA
04/95-07/96 Bookkeeper	Modesto S&G Products, Modesto, CA
02/92-04/96 Owner	Lee's Bookkeeping Svc., Modesto, CA
01/94-03/94 Tax Preparer	H & R Block, Modesto, CA
03/92-07/92 Accounting Clerk	Kelly Services, Modesto, CA
11/91-07/92 Accounting Clerk	Temporary Skills UNLTD, Modesto, CA
01/92-04/92 Tax Preparer	H & R Block, Modesto, CA
04/84-12/90 Sr. Cust Svc Agent	Federal Express, Sacramento/Modesto, CA
01/87-12/87 Payroll Clerk	Federal Express, Memphis, TN
12/75-02/78 Bookkeeper	McDonald's Corp., Oakbrook, IL



# City of Sacramento

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

## Application for

### Appointment to Boards/Commissions and Committees

[Back to Applicant List](#)

**INSTRUCTIONS:** Provide all information requested; use blue or black ink; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. Return this completed application form to: Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: DISABILITIES ADVISORY COMMISSION

CATEGORY FOR WHICH YOU ARE APPLYING: COMMISSIONER

Description Category Letter

- Name of Company/Organization Being Represented (if applicable): \_\_\_\_\_
- Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: EVANGELINE J SKIERKA E-Mail: \_\_\_\_\_  
Last First Middle

Home Address: 60<sup>TH</sup> AVE SACRAMENTO CA 95822  
Street # Street Name City State Zip

Mailing Address (if different than home address): \_\_\_\_\_  
Street # Street Name City State Zip

Resident of City Council District No: 5 Community Planning Area No.: 3  
If applicable

Home Telephone: (916) \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Please state the reason you would like to be a member of this board/commission (or attach): IT HAS BEEN ALMOST 20 YEARS SINCE THE ADA WAS ENACTED. AS A DISABLED PERSON, I KNOW PERSONALLY THAT THERE IS STILL MUCH WORK TO BE DONE TO ENSURE THE RIGHTS OF OUR DISABLED COMMUNITY. I WANT TO BE AN ADVOCATE FOR THE DISABLED TO ENSURE EMPLOYMENT RIGHTS, ACCESSIBILITY RIGHTS, AND OTHER RIGHTS IN THE ADA.

Are you currently, or have you in the past, served on an advisory group? Circle: (Yes) No If yes, state the name of the group and how that service supports your application (or attach).  
STATE OF CALIF. HEALTH SERVICES, CHAIR OF DISABLED ADVISORY COMM.

PROVIDED MGT. AND EMPLOYEES W/ADA INFO, GUIDANCE, GRIEVANCE PROCEDURES. CITY OF SACRAMENTO DAC. ADVISOR TO CITY ON DISABLED RIGHTS AND ACCESSIBILITY TO

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Circle: Yes / (No)

If yes, please explain: \_\_\_\_\_

**BACKGROUND INFORMATION**

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: HIGH SCHOOL GRADUATE - SOME COLLEGE

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

**CURRENT EMPLOYER:**

NONE RETIRED FROM STATE OF CALIF. IN 2000 AFTER 25 YEARS OF SERVICE.

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**PRIOR EMPLOYER(S):**

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

**BUSINESS ENTERPRISES:** List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

Evangelina J Skierka  
APPLICANT NAME

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

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**FELONY CONVICTIONS:** A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: \_\_\_\_\_

NONE

**CIVIL ACTIONS:** List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: \_\_\_\_\_

NONE

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: Evangelina J Skierka  
(original signature is required)

Date: 4/1/10

**DISCLOSURE AND REGULATORY REQUIREMENTS**

**City Code Section 2.40.060: Conflict of Interest Disclosure** - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

**City Code Section 2.40.010: Attendance** - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Circle:  Yes / No

**City Resolution 2007-653: Mandatory Ethics Training** - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Circle:  Yes / No

**ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: None