CITY OF WEST DES MOINES
CITY COUNCIL MEETING COMMUNICATION

ITEM: Approval of Appointment
Human Services Advisory Board

DATE: June 15, 2015

FINANCIAL IMPACT: None

BACKGROUND:

Lisa Schneider has served on the Human Services Advisory Board since January 2014, but has submitted a letter of resignation, effective immediately. Mayor Gaer would like to appoint Jessinda Madonia to serve on the Human Services Advisory Board for the remainder of the three-year term with an expiration of June 30, 2016.

Jessinda Madonia	2908 Elm Street	822-5755 (w)

RECOMMENDATION:

Motion – Approve Mayor's recommendation for appointments to the Human Services Advisory Board.

LEAD STAFF MEMBER: Ryan T. Jacobson, City Clerk RTJ

STAFF REVIEWS

Department Director	Ryan T. Jacobson, City Clerk
Appropriations/Finance	
Legal	
Agenda Acceptance	RTJ

PUBLICATION(S) (if applicable)

Published In	
Dates(s) Published	

SUBCOMMITTEE REVIEW (if applicable)

Committee			
Date Reviewed			
Recommendation	Yes	No	Split

CITY OF WEST DES MOINES, IOWA

APPLICATION FOR APPOINTMENT TO BOARDS AND COMMISSIONS

The City of West Des Moines appreciates your interest in serving the community and welcomes your application. Please complete all sections of this application. If you have any questions, please contact the City Clerk's Office at (515) 222-3600 or TDD (Hearing Impaired) (515) 222-3334. The City of West Des Moines is committed to providing equal opportunity for citizen involvement.

Please indicate those Boards and/or Commissions on which you would be willing to serve by checking below:

- [x] Board of Adjustment
- [ ] Civil Service Commission
- [ ] Library Board of Trustees
- [ ] Plan & Zoning Commission
- [x] Sister Cities Commission
- [ ] Bicycle Advisory Commission
- [ ] Water Works Board of Trustees
- [x] Human Services Advisory Board
- [x] Human Rights Commission
- [x] Public Arts Advisory Commission
- [x] Valley Junction Events Committee
- [x] Other _____

Name: Madonia, Jessinda, J
Last First Middle

Address: 2908 Elm Street, West Des Moines, IA 50265
Street City State Zip

Occupation: Assistant Branch Manager

Employer's Name & Address
Bankers Trust
620 S. 60th Street, West Des Moines, IA 50266

Work Phone: 515-822-5755 When can you be reached at this number?: All hours

Home Phone: 515-822-5755 When can you be reached at this number?: All hours

E-mail address: jmadonia@bankerstrust.com

Length of residence in West Des Moines: 26 years

Please list any previous Board membership positions (City, Church, School, Professional, etc.) and dates of service:

S:\admin\brds&comm00

Please indicate below the reasons why you would like to be appointed to a Board or Commission and any specific skills or experience that you believe support your application.

As a longtime resident and employee of the West Des Moines community, I have a passion in fulfilling both my time and skills into our area. I have held a position of employment that follows strong policies and procedures to protect individuals, businesses and our community. As a mother, I strive to be involved and coach my children to be the next leaders of West Des Moines.

Please list two references other than a family member:

Name: Lloyd R. Hill Relationship: Professional Mentor Phone: 515-457-1746

Name: Kevin Tiernan Relationship: Manager- Bankers Trust Phone: 515-246-3330

Do you sell to, or are you in any manner a part to, any contract to furnish supplies, material, or labor to the City of West Des Moines? No If so, please list: _____

Have you ever been employed by the City? No If so, please list dates of employment and positions held.

_____

Do you have relatives working for the City? No If so, please give name and relationship.

_____

Are you being sponsored by a community organization(s)? No If so, please list the following and attach a confirmation letter from said organization:

Organization: _____ Contact: _____

Phone Number: _____ Email: _____

Iowa Code Section 69.16A requires City boards/commissions to be gender balanced. Please indicate whether you are male or female.

☐ Male ☑ Female

Applicant Signature: [signature] Date: 4-9-2015

Please mail completed application to the office of the City Clerk at the following address:

City of West Des Moines
P.O. Box 65320
West Des Moines, Iowa 50265-0320
ATTN: Ryan Jacobson

S:\admin\brds&comm\80