CITY OF WEST DES MOINES
CITY COUNCIL MEETING COMMUNICATION

ITEM: Approval of Appointments – Library Board of Trustees **DATE:** June 17, 2019

FINANCIAL IMPACT: None

BACKGROUND:

Mayor Steven K. Gaer recommends the reappointment of current Library Board member Carol Grant. Ms. Grant has been serving on the board since February 2018. The proposed reappointment term would expire on June 30, 2023.

Carol Grant 5100 Cody Drive 226-9844 (h)

The term of Library Board member Joseph Murphy is also scheduled to expire on June 30, 2019, but he does not wish to be reappointed. Mr. Murphy has served on the commission since March 2015, and the Mayor and City Council thank him for his service to the community. Mayor Gaer would like to appoint Ray Seidelman to serve on the Library Board for a four-year term with an expiration of June 30, 2023.

Ray Seidelman 909 57th Place 422-6309 (w) 422-6309 (h)

OUTSTANDING ISSUES (if any): None

RECOMMENDATION:

Approval of appointments to the Library Board of Trustees

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:

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

Name: Seidelman (Last) Ray (First) G (Middle)

Address: 909 57th Place (Street) West Des Moines (City) IA (State) 50266 (Zip)

Occupation: Director of Quality & Population Health

Employer's Name & Address
UnityPoint Clinic
8101 Birchwood Ct Johnston IA 50301

Work Phone: 515.422.6309 When can you be reached at this number?: anytime

Home Phone: 515.422.6309 When can you be reached at this number?: anytime

E-mail address: _____

Length of residence in West Des Moines: 17 years

Please list any previous Board membership positions (City, Church, School, Professional, etc.) and dates of service:
Home Connection board member 2006-2008
Brinks Breakfast Club board member and President 2005-2010

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.

West Des Moines has been a wonderful place for me and my family. The pride that I have in my chosen community is what motivates me to serve. I would like to give back to the community that provides such a good quality of life to me. As a former employee from over 10 years ago, I know how well managed and maintained the city is. I would be thrilled to play a more active role in supporting the staff that provide such great services to the citizens of WDM.

Please list two references other than a family member:

Name: Chris Hamlett Relationship: friend Phone: 515.975.1915

Name: Gary Scott Relationship: friend Phone: jollygreygiant@yahoo.com

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? Yes If so, please list dates of employment and positions held.

2001-2007 Asst to City Manager and Assistant City Manager

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: _____ Date: 7/5/18

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