CITY OF WEST DES MOINES
CITY COUNCIL MEETING COMMUNICATION

ITEM: Approval of Appointment
Water Works Board of Trustees

DATE: December 7, 2020

FINANCIAL IMPACT: None

BACKGROUND:

Brian Rickert has served on the Water Works Board of Trustees since January 2009, and the Mayor and City Council thank him for his service to the community. Mayor Gaer would like to appoint Erin Sheriff to serve the six-year term, beginning on January 1, 2021 with an expiration of December 31, 2026.

Erin Sheriff	423 32nd Street	480-2581 (w)	480-2581 (h)

OUTSTANDING ISSUES (if any): None

RECOMMENDATION:

Approval of appointment of Erin Sheriff to the Water Works 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
- [ ] Library Board of Trustees
- [ ] Plan & Zoning Commission
- [ ] Sister Cities Commission
- [ ] Bicycle Advisory Commission
- [x] Water Works Board of Trustees
- [ ] Human Services Advisory Board
- [ ] Human Rights Commission
- [ ] Public Arts Advisory Commission
- [ ] Valley Junction Events Committee
- [ ] Other _____

Name: Sheriff (Last) Erin (First) Kaye (Middle)

Address: 423 32nd St (Street) West Des Moines (City) Iowa (State) 50265 (Zip)

Occupation: Actuary

Employer's Name & Address

Principal

711 High St, Des Moines, IA 50392

Work Phone: (515) 480-2581 When can you be reached at this number?: Any time

Home Phone: (515) 480-2581 When can you be reached at this number?: Any time

E-mail address: sheriff.erin@principal.com

Length of residence in West Des Moines: 32 years

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

_____

_____

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.

I'm interested in getting more involved in my city and helping to make our community more inclusive. I have 20 years of experience in the actuarial profession performing a variety of risk management roles. I hope that my strong analytical background will help with recommendations that are both fiscally responsible and consider the impact to all residents now and in the future.

Please list two references other than a family member:

Name: Nick Gifford Relationship: actuarial co-worker Phone: (515) 210-1048

Name: Karrie Schachtner Relationship: co-worker Phone: (515) 210-7671

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.

I worked with Kids West through WDM Schools in the late 90s (97 & 98?)

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 X___ Female

Applicant Signature: Erin Sheriff Date: Dec 2, 2020

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