Commission on Aging

City of Alexandria, VA | Generated 12/2/2025 @ 5:27:02 PM by OnBoardGOV - Powered by ClerkBase

Applicant	Date	Boards	Address	Contact	Status
Joy A Kone	10/2/2025	Commission on Aging Contested	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated
Dr Virginia B Kalish	11/19/2025	Commission on Aging Contested	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated
Ms Coral Knehans	11/29/2025	Commission on Aging Contested	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated
Tricia Rodgers	11/24/2025	Commission on Aging Contested	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated

Dr Virginia B Kalish

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Status

Name

Board

Vacancies

Status

Commission on Aging

2

Contested

Application Date 11/19/2025 Expiration Date 6/19/2026

Board Member Virginia Bixby Kalish

Status Validated

Basic Information

Name

REDACTED

Dr Virginia B Kalish **Date of Birth**

Contact Information

Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.)

Yes

Email
REDACTED

Alternate email
REDACTED

Phone
REDACTED

Occupation

Employer (student and youth applicants list school)
Retired

Job Title REDACTED

New Applicant or Current Member

New Applicant

What seat are you applying for? (Ex: citizen, architect, youth member, etc.)

Citizer

Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.

Yes

How long have you lived in Alexandria?

28 years

Statement of Interest (Do not include personal information such as phone numbers, addresses, emails, etc.)

See SOI Letter attached

Have you ever served the City of Alexandria in any capacity?

No

Have you ever attended a meeting of the Board or Commission for which you are applying?

Yes

Are you now paid by the City of Alexandria?

No

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?

No

Attendance Requirements: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled business trips and emergency work assignments only. All other absences are recorded as unexcused. In light of the aforementioned statement, will you be able to attend at least 75% of the regular meetings of the board which you may be appointed?

Yes

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?

Yes

Educational Background

Medical Degree

Summary of Work and Experience

30-year medical career most of which was completed as an active duty Army doctor and DOD employee

References - Please list names, phone number and/or email addresses of three references that support your application.

REDACTED

Would you like to complete the Supplemental Questions? Non-Discrimination Data Supplemental Questions For Applications to City Boards, Commissions, and Committees Confidential - NOT FOR PUBLIC INFORMATION Completion of this section is VOLUNTARY. When completed, the section is separated and redacted from your application prior to the application's submission to City Council. COUNCIL AND STAFF DO NOT USE THIS FORM IN DETERMINING APPOINTMENTS. Information provided in this section is treated confidentially and the information is forwarded to the Alexandria Office on Human Rights for compilation of statistics.

REDACTED

How did you hear of this vacancy? REDACTED

Ms Coral Knehans

City of Alexandria, VA | Generated 12/2/2025 @ 12:27 pm by OnBoardGOV - Powered by ClerkBase

Status

Name
Ms Coral Knehans

Board
Vacancies
Status

Commission on Aging
2
Contested

Application Date 11/29/2025

Expiration Date 6/29/2026

Board Member Coral Knehans

Status Validated

Basic Information

Name
Ms Coral Knehans

Date of Birth

Contact Information

Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.)
Yes

Email
REDACTED
Phone
REDACTED

Occupation

Employer (student and youth applicants list school)
U.S. Government

Job Title REDACTED

New Applicant or Current Member

New Applicant

REDACTED

What seat are you applying for? (Ex: citizen, architect, youth member, etc.)

Citizen

Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.

Yes

How long have you lived in Alexandria?

Six Years

Statement of Interest (Do not include personal information such as phone numbers, addresses, emails, etc.)

I have been an Alexandria homeowner since 1994, although job transfers took me out of the area frequently until a permanent return in late 2023. Following retirement in 2024, I completed the Alexandria Senior Academy and volunteer as a Senior Ambassador to Portner's Landing. I would like to join the Commission on Aging to deepen my ties to and better serve the broader community.

Have you ever served the City of Alexandria in any capacity?

Yes (Please explain), Election Officer, Office of Voter Registration & Elections; Senior Ambassador, Senior Services of Alexandria

Have you ever attended a meeting of the Board or Commission for which you are applying?

No

Are you now paid by the City of Alexandria?

No

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?

No

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Yes

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?

Yes

Educational Background

Master of Public Administration, College of Public Service, University of Colorado, Colorado Springs, CO; Bachelor of Science in Business Administration, University of Missouri, Columbia. MO

Summary of Work and Experience

Retired from federal government service after 29 years, including time in the National Capital Region and postings to U.S. embassies in Bosnia & Herzegovina, Italy, Mexico, and U.S. European Command in Germany, Northern Command in Colorado, and Pacific Command in Hawaii.

References - Please list names, phone number and/or email addresses of three references that support your application.

REDACTED

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REDACTED

Gender

REDACTED

Sexual Orientation

REDACTED

Ethnicity

REDACTED

Do you have a disability?

REDACTED

How did you hear of this vacancy?

REDACTED

Joy A Kone

City of Alexandria, VA | Generated 12/2/2025 @ 12:27 pm by OnBoardGOV - Powered by ClerkBase

Status

Name
Joy A Kone
Application Date
10/2/2025

Expiration Date
Board
Vacancies
Status

Commission on Aging
2 Contested

Expiration Date
5/2/2026

Basic Information

Name Joy A Kone

Status

Board Member

Contact Information

Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.)

Yes

Email REDACTED Phone REDACTED Occupation

Employer (student and youth applicants list school)

In Employed

Job Title

REDACTED

New Applicant or Current Member

Current Member of This Board

How many terms have you served?

1

What seat are you applying for? (Ex: citizen, architect, youth member, etc.)

Joy Kone

Validated

Board Member

Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.

Yes

How long have you lived in Alexandria?

4 years

Statement of Interest (Do not include personal information such as phone numbers, addresses, emails, etc.)

Advocate and support older adults that live work and reside in the City

Have you ever served the City of Alexandria in any capacity?

Yes (Please explain), CUrrent board member of COA, Senior ambassador & former employer of the City of Alexandria and research fellow for ARISE

Have you ever attended a meeting of the Board or Commission for which you are applying?

Yes

Are you now paid by the City of Alexandria?

No

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?

No

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If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?

Yes

Educational Background

Masters

Summary of Work and Experience

Experience working with older adults with chronic conditions

References - Please list names, phone number and/or email addresses of three references that support your application. REDACTED

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REDACTED

How did you hear of this vacancy? REDACTED

Tricia Rodgers

City of Alexandria, VA | Generated 12/2/2025 @ 12:27 pm by OnBoardGOV - Powered by ClerkBase

StatusBoardVacanciesStatusNameTricia RodgersCommission on Aging2Contested

Application Date 11/24/2025
Expiration Date 6/24/2026

Board Member Patricia Rodgers

Status Validated

Basic Information

Name
Tricia Rodgers

Date of Birth
REDACTED

Contact Information

Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.) Yes Email

REDACTED

Phone
REDACTED

Alternate Phone
REDACTED

Occupation

Employer (student and youth applicants list school)

Retired from Northern Virginia Health Foundation

Job Title REDACTED

New Applicant or Current Member

New Applicant

Please list the board:

na

How many terms have you served?

N/A or Not Sure

What seat are you applying for? (Ex: citizen, architect, youth member, etc.)

citizen

Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.

Yes

How long have you lived in Alexandria?

First moved here in 1952

Statement of Interest (Do not include personal information such as phone numbers, addresses, emails, etc.)

I am interested in serving on the Commission on Aging because I believe my years of experience working on issues affecting Alexandrians, including older residents, as both a professional and as a volunteer, qualifies me to serve and to contribute to the Commission's work.

Have you ever served the City of Alexandria in any capacity?

Yes (Please explain), Public Health Advisory Commission, including Vice-Chair, Mayor Euille's Commission on Healthcare, Alexandria representative to Suicide Prevention Alliance of Northern Virginia, ACPS Strategic Planning Committee (twice), Census Coordinating Committee (twice)

Have you ever attended a meeting of the Board or Commission for which you are applying?

Yes

Are you now paid by the City of Alexandria?

No

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?

No

Attendance Requirements: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled business trips and emergency work assignments only. All other absences are recorded as unexcused. In light of the aforementioned statement, will you be able to attend at least 75% of the regular meetings of the board which you may be appointed?

Yes

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?

Educational Background

MSW, Catholic University: MA, BA, George Washington University; AS, NVCC

Summary of Work and Experience

I have spent most of my career in human services and education, at the national and local levels. I spent nearly 30 years working in philanthropy in Northern Virginia, at the Alexandria and Fairfax United Ways, the Arlington Community Foundation, and the Northern Virginia Health Foundation. I have served on the boards of many local nonprofits, on various local coalitions, including the Partnership for a Healthier Alexandria, and on the Alexandria Public Health Advisory Commission.

References - Please list names, phone number and/or email addresses of three references that support your application.

REDACTED

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REDACTED

Gender

REDACTED

Sexual Orientation

REDACTED

Ethnicity

REDACTED

Do you have a disability?

REDACTED

How did you hear of this vacancy?

REDACTED