

Personal Data Record Form

Profile

FOR PUBLIC INFORMATION

All appointments to City Boards and Commissions are made by the City Council through the Executive Secretary for Boards and Commissions. **APPLICANTS MAY ONLY APPLY FOR ONE VACANCY AT A TIME.** Please complete this application in its entirety. Your application will be forwarded to the City Council. Fill in all applicable blanks on the form. Incomplete applications will not be forwarded to City Council. All applicants are encouraged to contact the Council members and introduce themselves.

New Applicant or Current Member

☒ New Applicant

Kishla

First Name

Askins

Last Name

Email Address

Date of Birth

Place of Birth

Home Address

Street Address

City

Suite or Apt

State

22314

Postal Code

Primary Phone

Alternate Phone

Global Bridge Health Strategies LLC

Employer

CEO/Co-founder/Retired Military Officer

Job Title

Applicants may only apply for ONE board/commission/committee at a time.

Which Boards would you like to apply for?

Emergency Medical Services Council: Submitted

## Type of Position/Role

Leadership/Member

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## Demographics

Do you currently live in the City of Alexandria?

☒ Yes ☐ No

If yes, how long?

7 years

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If yes, please explain

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## Interests & Experiences

Statement of Interest/Why You Should Be Appointed

I see a direct connection between emergency medical services, public health and emergency planning to serve our citizens and Alexandrians in the best way possible. My broad background, serving in the military for thirty years and living across our nation and globe provides me a diverse perspective on what has worked and what has not. Additionally, I have served at the highest levels of government so I understand the continuum of policy without compromising implementation, which is vital to the overall success of a community. Currently, I am working on a doctorate in preparedness through a climate and national security lens - Building communities should start at the community and build regional and national response networks. Emergency Service and first responders are part of that greater network to emergency planning.

Are you currently a member of a City Board, Commission, Committee or Authority?

☐ Yes ☒ No

If yes, please list the board:

How many terms have you served on this board?

If you have served more than two consecutive terms on this board, please state the specific qualifications you possess which merit consideration for continued service:

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Have you applied for a position on a City Board, Commission, Committee or Authority in the last six months?

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☐ Yes ☒ No

If yes, please state the names of the boards for which you have applied

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Upload a Resume

Are you now paid by the City of Alexandria?

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☐ Yes ☒ No

If yes, please state your department, job title, and describe your duties:

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

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☐ Yes ☒ No

If yes, please explain:

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**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?**

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☒ Yes ☐ No

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867?

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☒ Yes ☐ No

**EDUCATIONAL BACKGROUND (Please list certificates, diplomas, degrees, seminars, etc.):**

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Doctoral Student - Present (Doctor of Public Health in Emergency Preparedness), MPH (Disaster Management and Crisis Response), Master of Physician Assistant Studies - Emergency Medicine PA, BS - George Washington University, BS - University of Nebraska Medical Center

**SUMMARY OF WORK AND PRACTICAL EXPERIENCE (Please list titles and duties for the past five years):**

CEO of Global Bridge Health Strategies LLC, Principal Staff Officer for Assistant Secretary of Defense for Health Affairs, Congressional Affairs Liaison for the Surgeon General of the Navy

**REFERENCES (Please list names and addresses of four references that you have contacted and support your application).**

**Non-Discrimination Data Supplemental Questions**

By submitting this application electronically, I hereby certify that all information contained herein is true and complete and that the transaction will be subject to the Virginia Uniform Electronic Transactions Act..

**SUBMISSION OF THIS PAGE IS VOLUNTARY**

**Confidential - NOT FOR PUBLIC INFORMATION**

**Non-Discrimination Data Supplemental Questions  
For Applications to City Boards, Commissions, and Committees**

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. One responsibility of the Human Rights Commission (HRC) is to track whether the diversity in our City's population is reflected in appointments made to boards, commissions, committees and authorities; the HRC does this using only data supplied on this form. The HRC reports statistics only to Council.

The HRC's main role is to ensure discrimination does not occur in our city based on race, color, sex, religion, ancestry, national origin, marital status, familial status, age, sexual orientation or disability with respect to housing, employment, public accommodations, health and social services, education, credit or city contracts.

**Date of Application**

**Ethnicity**

**Gender**

**Sexual Orientation**

**For what Board, Commission, Committee, or Authority are you applying?**

**Do you live in the City of Alexandria?**

**Do you have Disability?**

**If yes, briefly describe the disability?**

**How did you learn of the vacancy for which your applying?**

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New Applicant or Current Member

☒ New Applicant

Kali  
First Name

Maltese  
Last Name

[Redacted]  
Email Address

Date of Birth  
[Redacted]

Place of Birth  
[Redacted]

Home Address

[Redacted]  
Street Address

[Redacted]  
City

[Redacted]  
Suite or Apt

[Redacted]  
State

22314  
Postal Code

[Redacted]  
Primary Phone

[Redacted]  
Alternate Phone

Community of Hope  
Employer

Senior Director of Health Operations  
Job Title

Applicants may only apply for ONE board/commission/committee at a time.

Which Boards would you like to apply for?

Emergency Medical Services Council: Submitted

## Type of Position/Role

Citizen

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## Demographics

Do you currently live in the City of Alexandria?

☒ Yes ☐ No

If yes, how long?

1 year

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If yes, please explain

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## Interests & Experiences

Statement of Interest/Why You Should Be Appointed

I am experienced in healthcare operations including medical, dental, emotional wellness and health information. I have implemented a new electronic health record, phone system and incident reporting software. I lead administrative operations for COVID operations. I have been living in Alexandria for just over a year and am looking to get more involved in the community.

Are you currently a member of a City Board, Commission, Committee or Authority?

☐ Yes ☒ No

If yes, please list the board:

How many terms have you served on this board?

If you have served more than two consecutive terms on this board, please state the specific qualifications you possess which merit consideration for continued service:

**Have you applied for a position on a City Board, Commission, Committee or Authority in the last six months?**

☐ Yes ☒ No

**If yes, please state the names of the boards for which you have applied**

[Upload a Resume](#)

**Are you now paid by the City of Alexandria?**

☐ Yes ☒ No

**If yes, please state your department, job title, and describe your duties:**

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

☐ Yes ☒ No

**If yes, please explain:**

**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 ☐ No

**If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867?**

☒ Yes ☐ No

**EDUCATIONAL BACKGROUND (Please list certificates, diplomas, degrees, seminars, etc.):**

BS, Biology MS, Public Health

**SUMMARY OF WORK AND PRACTICAL EXPERIENCE (Please list titles and duties for the past five years):**

Health Operations - personnel, system, budget oversight



REFERENCES (Please list names and addresses of four references that you have contacted and support your application).

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Ethnicity

Gender

Sexual Orientation

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If yes, briefly describe the disability?

How did you learn of the vacancy for which your applying?