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.

Submit Date: Feb 16, 2022

and introduce themselv	es.		
New Applicant or Curi	rent Member		
✓ New Applicant			
Sonnja	Brown		
First Name	Last Name		
Email Address			
Date of Birth			
Place of Birth			
Home Address			
Street Address		Suite or Apt	I
			22204
City		State	Postal Code
Primary Phone	Alternate Phone		
cfbhs	Family Support Partner		
Employer	Job Title		
Applicants may only ap	ply for ONE board/commission/committee	e at a time.	
Which Boards would	you like to apply for?		
inortnern virginia Juvenile	e Detention Commission: Submitted		

Demographics Do you currently live in the City of Alexandria? O Yes O No If yes, how long? Have you ever attended a meeting of the Board or Commission for which you are applying? O Yes O No Have you ever served the City of Alexandria in any capacity?
Do you currently live in the City of Alexandria? O Yes O No If yes, how long? Have you ever attended a meeting of the Board or Commission for which you are applying? O Yes O No
 ○ Yes ⊙ No If yes, how long? Have you ever attended a meeting of the Board or Commission for which you are applying? ⊙ Yes ○ No
Have you ever attended a meeting of the Board or Commission for which you are applying? ⊙ Yes ○ No
Have you ever attended a meeting of the Board or Commission for which you are applying? • Yes • No
⊙ Yes ○ No
Have you ever served the City of Alexandria in any capacity?
⊙ Yes ⊂ No
If yes, please explain
Interests & Experiences
Statement of Interest/Why You Should Be Appointed
I can bring lived experience of the Family voice, assist with identifying strategies to encourage communication between families and staff. Give the caretakers perspective for better understanding and collaboration between families served and NVJDC.
Are you currently a member of a City Board, Commission, Committee or Authority?
⊙ Yes ⊙ No
If yes, please list the board:
СҮРМ
How many terms have you served on this board?
4 years

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:
CYPM is a Committee, not a Board. Many continuing workgroups have been formed from the committee work. Requiring continued commitment from the members available to perform the work.
Have you applied for a position on a City Board, Commission, Committee or Authority in the last six months?
C Yes ⊙ No
If yes, please state the names of the boards for which you have applied
Jpload 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:
Child and Family Behavior Health Services Title: FSP Family Support Partner Duties: assist families identify and strengthen relationships with formal & natural supports, help families advocate for the needs of the family, help families identify the priority needs and community resources, navigate child serving systems of care, better understand the processes and madidates of systems, assist them with crisis planning, assist them with expressing their voice and choice to professional providers, assist them with managing and strengthening their families preventing out of home placements. Part of the HFW team.
Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?
C 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.):

Certified Peer Recovery Specialist CPRS Virginia Mental Health Professional Registered Peer Recovery Specialist RPRS Food Service Management and Certified Dietary Manager CDM, CFPM National Restaurant Association Educational Foundation ServSafe Instructor and Proctor

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

During my position as a Family Support Partner during the past five years I have continuously taken professional training and become certified in using my voice to bring the perspectives of caregivers to child serving agencies. I also have served on the Virginia Board of Directors and joined the Public affairs Committee with hopes of high lightening children's mental health issues. I have a strong commitment to strengthen families and encourage engagement for better outcomes for youth that become legally involved. I have a online blog for Grandparents raising Grandchildren where I post community resources and educational resources.

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?		