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. DUPLICATE APPLICATIONS WILL NOT BE CONSIDERED.** 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: Sep 27, 2022

New Applicant or Curre	nt Member		
✓ New Applicant			
Carla First Name	Oliver Last Name	_	
Date of Birth			
Place of Birth			
Home Address			
Street Address		Suite or Apt	22192
City		State	Postal Code
Primary Phone	Alternate Phone		
City of Alexandria Employer	Program Coordinator Job Title		
Applicants may only apply APPLICATIONS WILL NO	r for ONE board/commission/committe	ee at a time. DUP	LICATE
Which Boards would yo	u like to apply for?		
Community Policy And Mar	nagement Team: Submitted		

Type of Position/Role
Parent representative
Demographics
Do you currently live in the City of Alexandria?
C 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 served the City of Alexandria in any capacity?
⊙ Yes ○ No
If yes, please explain
I server on FAPT representing the CSB and I am a parent representative for ACPS attendance review panel.
Interests & Experiences
Statement of Interest/Why You Should Be Appointed
I have lived experience that can relate to the parents and caretakers we support. I've navigated the systems represented on the ACPMT, I have clinical knowledge and experience, I grew up in the City of Alexandria.
Are you currently a member of a City Board, Commission, Committee or Authority?
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:		
I work for DCHS with CFBHS as the Family Support Partner Program coordinator. I supervise lived experience individuals who make up the Family Support Partner program.		
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.):		
HS diploma, some college in general studies, certified interpreter, peer recovery specialist, QMHP (adult and child), certified PEARLS coach.		
SUMMARY OF WORK AND PRACTICAL EXPERIENCE (Please list titles and duties for the past five years):		
MH Case manager- provided case management to meet the needs of child and families supported by CFBHS. Family Support Partner Program coordinator-supervise FSP that support parent/caretakers that		

Carla Oliver

are open to CFBHS.

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?