

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.

New Applicant or Current Member☒ New Applicant

Carla

First Name

Oliver

Last Name

Email Address

Date of Birth**Place of Birth****Home Address**

Street Address

Suite or Apt

City

State

22192

Postal Code

Primary Phone

Alternate Phone

City of Alexandria

Employer

Program Coordinator

Job Title

Applicants may only apply for **ONE** board/commission/committee at a time. DUPLICATE APPLICATIONS WILL NOT BE CONSIDERED.

Which Boards would you like to apply for?

Community Policy And Management Team: Submitted

Type of Position/Role

Parent representative

Demographics

Do you currently live in the City of Alexandria?

☐ 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?

☐ 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:

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 are open to CFBHS.

Carla Oliver

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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Profile

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☒ New Applicant

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First Name

Saget

Last Name

Email Address

Date of Birth

Place of Birth

Home Address

Street Address

City

Primary Phone

Suite or Apt

State

22304

Postal Code

Alternate Phone

Employer

Insurance Agent

Job Title

Applicants may only apply for **ONE** board/commission/committee at a time. DUPLICATE APPLICATIONS WILL NOT BE CONSIDERED.

Which Boards would you like to apply for?

Community Policy And Management Team: Submitted

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Parent representative

Demographics

Do you currently live in the City of Alexandria?

☒ Yes ☐ No

If yes, how long?

30 yrs

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 served on the Children, Youth And Families Collaborative Commission

Interests & Experiences

Statement of Interest/Why You Should Be Appointed

I possess a combination of skills and experience that make me a great contribution to the team.

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

☐ Yes ☒ No

If yes, please list the board:

Children Youth Family

How many terms have you served on this board?

1

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

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If yes, please explain:

Cisco Fabian

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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?

☐ Yes ☒ No

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

Project Management Certificate Insurance License P&C and Life and Health licensed.

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

School Board Candidate Parent Leadership Training Institute Alum Homeschooling Parent Educator at Alexandria Jail

Dianara Saget

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

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None Selected

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