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: Apr 14, 2023

| Current Member | | | |
|---|-------------------------------|--------------------|----------------------|
| Barbara | D'Agostino | | |
| First Name | Last Name | | |
| | | | |
| Email Address | | | |
| Date of Birth | | | |
| | | | |
| | | | |
| Place of Birth | | | |
| | | | |
| | | | |
| Home Address | | | |
| | | | |
| Street Address | | Suite or Apt | |
| City | | State | 22101 Postal Code |
| | | | . 55.43 5545 |
| Primary Phone | Alternate Phone | | |
| , | | | |
| Goodwin House Alexandria Employer | Executive Director Job Title | | |
| • • | | | |
| | | | |
| Applicants may only apply for | ONE board/commission/commit | tee at a time. DUP | LICATE |
| Applicants may only apply for APPLICATIONS WILL NOT B | | tee at a time. DUP | PLICATE |

Commission On Aging: Submitted

| Type of Position/Role |
|--|
| Supportive Service Provider |
| 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 |
| Vice Chair of the Commission on Aging. |
| |
| |
| |
| Interests & Experiences |
| interests & Experiences |
| Statement of Interest/Why You Should Be Appointed |
| As Executive Director of Goodwin House Alexandria and working with approximately 450 older adults, I am interested in being involved in the Commission on Aging's efforts to push actions forward through the City Council. I would also like to learn and advocate for programs and services in the City of Alexandria that benefit older adults. |
| Are you currently a member of a City Board, Commission, Committee or Authority? |
| ⊙ Yes ∩ No |
| If yes, please list the board: |
| |
| Commission on Aging |
| Commission on Aging 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: I have been an active member of the Commission on Aging for over 2 years and am currently serving my second year as Vice Chair of the Commission. 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? 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.): Licensed Nursing Home Administrator Master's in Health Services Administration

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

Goodwin House Alexandria - Executive Director: Provides direction, management, leadership and has overall responsibility in the areas of planning, regulatory compliance, budgetary development and control, and establishment of operating standards of excellence. Knollwood Military Continuing Care Retirement Community - Vice President (Chief Operating Officer/Executive Director): Provided operational management, strategic planning, administration, person-centered care, billing, and clinical oversight.

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 | of . | Α | aa | li | cati | on |
|---------|------|---|----|----|------|----|
|---------|------|---|----|----|------|----|

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Profile

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Submit Date: Jun 02, 2023

| ✓ New Applicant | | | |
|--|---|----------------|----------------------|
| Marshall | Hespe | | |
| First Name | Last Name | | |
| | | | |
| Email Address | | | |
| Date of Birth | | | |
| | | | |
| | | | |
| Place of Birth | | | |
| | | | |
| | | | |
| Home Address | | | |
| | | | |
| Street Address | | Suite or Apt | |
| City | | State | 20009 Postal Code |
| | | | |
| Primary Phone | Alternate Phone | | |
| | | | |
| Senior Services of Alexandria Employer | Director of Nutrition Programs Job Title | | |
| | | | |
| Applicants may only apply for <u>C</u> APPLICATIONS WILL NOT BE | <u>DNE</u> board/commission/committee a CONSIDERED. | it a time. DUP | LICATE |
| 2.0, | | | |

Marshall Hespe

Commission On Aging: Submitted

Type of Position/Role

LEADERSHIP EXPERIENCE IN A VOLUNTEER ORGANIZATION

| 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? |
| C Yes ⊙ No |
| If yes, please explain |
| |

Interests & Experiences

Statement of Interest/Why You Should Be Appointed

I have worked my way up to a leadership position in Senior Services of Alexandria over the last 3 years and I continually strive to deeply understand the senior landscape in our city. I offer a unique perspective through my work with hundreds of volunteers and close to 250 total senior clients in the programs I direct. Meals on Wheels and our Grocery Delivery program both aim to bring food to senior's homes and allow them to age in place. My aim is to continue finding ways to make Alexandria a better place to age for seniors, and finding creative solutions in a rapidly changing world. Although I am early in my career in Alexandria and I still have a lot to learn, the Commission on Aging would be a great opportunity for me offer fresh perspectives and collaborate with other professional and senior-focused individuals.

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

If yes, please list the board:

COA Housing Committee

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 |
| If yes, please state the names of the boards for which you have applied |
| 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: |
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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.): |
| Washington and Lee Class of 2020 Bachelor of Science Business Management Minor in Poverty Studies Leadership Alexandria 2023 Graduate The Shepherd Higher Education Consortium On Poverty 2018 |

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

Senior Services of Alexandria, Alexandria VA Meals on Wheels Program Coordinator – June 2020 - May 2021 Nutritional Programs Manager – May 2021 – February 2022 Director of Nutrition Programs – February 2022 - Present

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

Upload a Resume

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Date of Application