## **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: Jun 02, 2023

| New Applicant or Current Memb         | per                                 |                    |                      |
|---------------------------------------|-------------------------------------|--------------------|----------------------|
| ✓ New Applicant                       |                                     |                    |                      |
|                                       |                                     |                    |                      |
| Erica<br>First Name                   | Hamilton Last Name                  |                    |                      |
|                                       |                                     |                    |                      |
| Email Address                         |                                     |                    |                      |
| Date of Birth                         |                                     |                    |                      |
|                                       |                                     |                    |                      |
|                                       |                                     |                    |                      |
| Place of Birth                        |                                     |                    |                      |
|                                       |                                     |                    |                      |
|                                       |                                     |                    |                      |
| Home Address                          |                                     |                    |                      |
| Home Address                          |                                     |                    |                      |
|                                       |                                     |                    |                      |
| Street Address                        |                                     | Suite or Apt       |                      |
| City                                  |                                     | State              | 22314<br>Postal Code |
|                                       |                                     |                    |                      |
| Primary Phone                         | Alternate Phone                     |                    |                      |
|                                       |                                     |                    |                      |
| Deloitte; Government Sector  Employer | Project delivery manager  Job Title |                    |                      |
| Employer                              | ood Tille                           |                    |                      |
| Applicants may only apply for ON      | E board/commission/committee a      | it a time. DUPLICA | TE.                  |
| APPLICATIONS WILL NOT BE CO           |                                     |                    |                      |
| Which Boards would you like to        | apply for?                          |                    |                      |
|                                       |                                     |                    |                      |

Erica Hamilton

Community Services Board: Submitted

| Type of Position/Role   |
|---|
| Consumer, or citizen member   |
| 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  |
|   |
| Question applies to Community Services Board  |
| Have you been a resident of the City of Alexandria for at least one year?   |
| ○ Yes ⊙ No  |
| Are you a consumer (former direct recipient of public or private mental health, developmental disability, or substance abuse treatment or rehabilitation) or immediate family member of a consumer or a principal care giver who is not paid? |
| ⊙ Yes ○ No  |
| Question applies to Community Services Board  Are you an employee or board member of an organization which receives funding from any  Community Services Board?   |
| ○ Yes ⊙ No  |

# **Interests & Experiences**

## Statement of Interest/Why You Should Be Appointed

As an individual personally affected by ADHD, depression, and anxiety, I feel a deep, authentic connection to the mission of promoting mental health awareness, inclusivity, and accessibility. I am keen to contribute my unique perspectives and experiences to help shape policies that address mental health challenges effectively. In my personal journey, I've navigated the complexities of mental health, and through this, have gained a deep understanding of the barriers faced by individuals struggling with similar conditions. These experiences have fostered empathy and a strong motivation within me to advocate for those who share these struggles. At my full-time job, I have benefited from reasonable accommodation which has helped me overcome my challenges and succeed professionally. I believe such accommodations and supportive environments are critical to helping individuals with mental health conditions reach their full potential. I am keen on advocating for similar supports and accommodations in various workplaces and institutions, to foster understanding, acceptance, and mental wellness. Through this role on the Mental Health Commission Board, I aspire to bridge gaps in understanding, promote mental health education, and champion effective policies. I am particularly interested in driving initiatives that create supportive environments for people living with mental health conditions, so they may lead fulfilling, productive lives without stigma or discrimination. I am confident that my lived experiences, coupled with my determination to advocate for mental health, will enable me to contribute significantly to the board's efforts. I am eager to collaborate with other board members, listen to the experiences of the community, and work tirelessly towards a more inclusive and understanding society for individuals with mental health conditions. Thank you for considering my application. I look forward to the possibility of contributing to the valuable work of the Community Services Board.

| o advocate for mental health, will enable me to contribute significantly to the board's efforts. I am eage collaborate with other board members, listen to the experiences of the community, and work tirelessly owards a more inclusive and understanding society for individuals with mental health conditions. Than you for considering my application. I look forward to the possibility of contributing to the valuable work of the Community Services Board. |  |  |
|--|--|--|
| 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  |  |  |
| Are you now paid by the City of Alexandria?  |  |  |
| ○ Yes ⊙ No   |  |  |
| If yes, please state your department, job title, and describe your duties:   |  |  |
|  |  |  |

| in any capacity?        |  |  |  |
|-------------------------|--|--|--|
| ○ Yes ⊙ No              |  |  |  |
| If yes, please explain: |  |  |  |
|                         |  |  |  |

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

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?

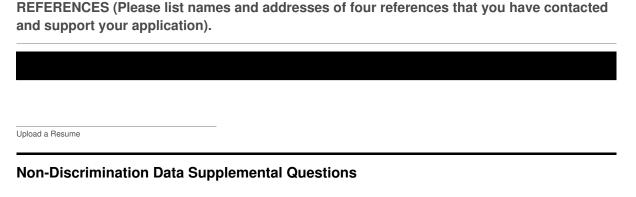
Yes ○ No

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

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

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

Sr. Project Delivery Manager - IC/Gov Accounts Jan 2022 - present; Deloitte Consulting LLP Senior Analyst - Security Technologies and Technology Policy; Aug 2020 - Dec 2021 Obsidian Solutions Group Change Management Consultant; August 2019 - July 2020; Accenture Federal Services Intelligence Analyst February 2010 - August 2019; Federal Bureau of Investigation / Department Of Justice The outlined experience emphasizes collaboration, communication, strategic planning, and the implementation of technological solutions, all of which are valuable skills in community service. In a community service context, the act of working with different stakeholders to define a shared vision can translate into collaborating with community leaders, volunteers, and beneficiaries to understand community needs and formulate shared goals. Developing mission requirements and tailoring solutions to specific needs mirrors designing and implementing community initiatives that cater to unique local challenges. Increasing the frequency and fidelity of information flow can equate to improving communication between various community service providers, volunteers, and beneficiaries, thereby ensuring everyone is aligned and informed. This may involve facilitating meetings, disseminating updates, or establishing shared digital platforms. The responsibilities of leading efforts to establish technological functionalities and manage programmatic development could relate to implementing new technologies or systems to increase the efficiency and impact of community services. This might include setting up a digital volunteering platform or using data analysis tools to measure the impact of community programs. Lastly, recommending appropriate countermeasures and assessing risks corresponds to foreseeing potential challenges in community work, considering the potential impact, and recommending suitable preventative measures or solutions. This could involve considerations around community safety, ethical concerns, or resource allocation.



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** 

## **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: May 17, 2023

| Luisa   | Lancetti                   |                    |                   |
|---|----------------------------|--------------------|-------------------|
| First Name  | Last Name                  |                    |                   |
|   |                            |                    |                   |
| Email Address   |                            |                    |                   |
| Date of Birth   |                            |                    |                   |
|   |                            |                    |                   |
|   |                            |                    |                   |
|   |                            |                    |                   |
| Place of Birth  |                            |                    |                   |
|   |                            |                    |                   |
|   |                            |                    |                   |
| Home Address  |                            |                    |                   |
|   |                            |                    |                   |
|   |                            |                    |                   |
| Street Address  |                            | Suite or Apt       |                   |
| Street Address  |                            | Suite or Apt       | 22202             |
| Street Address City                                     |                            | Suite or Apt State | 22302 Postal Code |
|   |                            |                    |                   |
| City  | Alternate Phone            |                    |                   |
| City  | Alternate Phone            |                    |                   |
|   |                            |                    |                   |
| City<br>Primary Phone                                   | Alternate Phone  Job Title |                    |                   |
| City  Primary Phone  Retired  Employer                  | Job Title                  | State              | Postal Code       |
| Primary Phone  Retired  Employer  Applicants may only a |                            | State              | Postal Code       |

Luisa Lancetti

Community Services Board: Submitted

| Type of Position/Role  |
|--|
| Board member   |
| Demographics   |
| Do you currently live in the City of Alexandria?   |
| ⊙ Yes ⊙ No   |
| If yes, how long?  |
| Over 50 years (excluding time in college and law school)   |
| 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   |
|  |
|  |
| Question applies to Community Services Board   |
| Have you been a resident of the City of Alexandria for at least one year?  |
| ⊙ Yes ⊙ No   |
| Question applies to Community Services Board   |
| Are you a consumer (former direct recipient of public or private mental health,                                  |
| developmental disability, or substance abuse treatment or rehabilitation) or immediate                           |
| family member of a consumer or a principal care giver who is not paid?   |
| ⊙ Yes ○ No   |
| Question applies to Community Services Board   |
| Are you an employee or board member of an organization which receives funding from any Community Services Board? |
| ⊙ Yes ⊙ No   |
|  |

# **Interests & Experiences**

# Statement of Interest/Why You Should Be Appointed

My brother has Down syndrome (I am also his guardian). He has lived in Alexandria, VA all of his life, first living with my parents during their lifetimes and, for the past approximately 20 years, in one of the City group homes. During his life (he is now 62), he participated in early City programs for the disabled, including recreation and vocational programs, and he has continued participation as these programs have changed and evolved over time. As noted, he also has lived in a residential group home for a number of years. I also live in Alexandria and have observed and experienced these various services/programs as a family member and as his guardian. Now that I am retired, I would like to provide service to the community in this area. I hope that my professional and personal experiences and perspective will be helpful to the Board and its charter.

| in this area. I hope that my professional and personal experiences and perspective will be helpful to the Board and its charter.  |
|---|
| 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?   |
| C 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:   |
|   |

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.):

Indiana University, Bloomington, IN, BA University of Virginia Law School, Charlottesville, VA, JD

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

Retired lawyer, with specialization in telecommunications and regulatory law. Work included time in private practice and as in-house counsel.

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

Upload a Resume

#### **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..

## **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: Jun 02, 2023

| Marjorie  | Leong Greenberg            |              |                   |
|---|----------------------------|--------------|-------------------|
| First Name  | Last Name                  |              |                   |
|   |                            |              |                   |
| Email Address                                       |                            |              |                   |
| Date of Birth                                       |                            |              |                   |
|   |                            |              |                   |
|   |                            |              |                   |
| Place of Birth                                      |                            |              |                   |
|   |                            |              |                   |
|   |                            |              |                   |
| Home Address  |                            |              |                   |
|   |                            |              |                   |
|   |                            |              |                   |
| Street Address                                      |                            | Suite or Apt |                   |
|   |                            |              | 22301 Postal Code |
| 200   |                            |              |                   |
| City  |                            | State        | i ostar oode      |
| City  |                            | State        | i ostal oode      |
| City<br>Primary Phone                               | Alternate Phone            | State        | r ostal code      |
|   | Alternate Phone            | State        | r ostar code      |
| Primary Phone                                       | Alternate Phone  Job Title | State        | r ostal code      |
| Primary Phone  OONE Employer                        |                            |              |                   |
| Primary Phone  none Employer  Applicants may only a | Job Title                  |              |                   |

| Type of Position/Role   |
|---|
| Family Member of Consumer Board Member  |
| Demographics  |
| Do you currently live in the City of Alexandria?  |
| ⊙ Yes ∩ No  |
| If yes, how long?   |
| 5 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  |
| I am a member of the Medical Reserve Corps for Alexandria. As a volunteer, I have helped with the Covid-19, influenza, and Monkeypox vaccination efforts at the Department of Health. I have also delivered groceries for families in Covid-19 quarantine for Alive! Food Bank.             |
| Question applies to Community Services Board  Have you been a resident of the City of Alexandria for at least one year?   |
| ⊙ Yes ○ No  |
| Question applies to Community Services Board  Are you a consumer (former direct recipient of public or private mental health, developmental disability, or substance abuse treatment or rehabilitation) or immediate family member of a consumer or a principal care giver who is not paid? |
| ⊙ Yes ○ No  |
| Question applies to Community Services Board  Are you an employee or board member of an organization which receives funding from any  Community Services Board?   |
| ○ Yes ⊙ No  |

# Interests & Experiences

# Statement of Interest/Why You Should Be Appointed

I have an adult child who lives with me who suffers from schizophrenia for the last two years. Due to supporting him I have become very aware of the need for better integration of mental health with Alexandria City services. I have participated in the statewide NAMI lobbying day in Richmond Virginia in spring 2023, and just recently attended the U.S. Congress lobbying day for the Schizophrenia and Psychosis Action Group of Alexandria. I have completed the Alexandria Policy Academy in fall 2022. Prior to moving to Virginia, I was very active in special education and autism advocacy in Little Rock, Arkansas. I have a background in Medicaid and budgeting from working in the Governor's Office as Budget Director and in the Nursing Home Association of Arkansas. I have a strong background in the developmental disabilities and child services, not just adult mental health.

| I have a background in Medicaid and budgeting from working in the Governor's Office as Budget Director and in the Nursing Home Association of Arkansas. I have a strong background in the developmental disabilities and child services, not just adult mental health. |
|--|
| 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?  |
| none   |
| 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:  |
|  |

| 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.):   |
| MBA, University of Michigan, 1996 AB, Harvard University, 1992 In the past, I was a Certified Internal Auditor, Certified Government Financial Manager, and Certified Fraud Analyst.  |
| SUMMARY OF WORK AND PRACTICAL EXPERIENCE (Please list titles and duties for the past five years):   |
| Not currently working. Active in local NAMI and mental health efforts in NOVA. I attend family-to-family NAMI meetings and also have participated in Richmond and D.C. outreach to legislators on mental health regulation and legislation.   |
| 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..

Upload a Resume