
Name of Council Member

Endorsement

CONTESTED APPOINTMENTS

Public Health Advisory Commission

(2-year term)

1 one for a non-healthcare professional citizen member

_____ Kali Maltese

_____ Allison Miner*

*incumbent

CITY OF ALEXANDRIA BOARDS & COMMISSIONS

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.

New Applicant or Current Member

☒ New Applicant

Kali

First Name

Maltese

Last Name

Email Address

Date of Birth

Place of Birth

Home Address

Street Address

Suite or Apt

City

State

22314

Postal Code

Primary Phone

Alternate Phone

Community of Hope

Employer

Senior Director of Health
Operations

Job Title

Applicants may only apply for ONE board/commission/committee at a time.

Which Boards would you like to apply for?

~~None Selected~~

Public Health Advisory Commission

Kali Maltese

Type of Position/Role

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

Interests & Experiences**Statement of Interest/Why You Should Be Appointed**

I just moved to the area and am looking to get involved in the community. I have over 6 years of healthcare management experience, currently oversee health operations for a group of community health centers (including COVID testing and contact tracing), and hold a master of science in public health. I believe my participation could benefit the community.

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:

Kali Maltese

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?

☒ 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.):

MSPH, BS Biology

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

Senior Director of Health Operations, Practice Manager III, Practice Manager. Please see resume for additional details.

Kali Maltese

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

[Redacted]

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

[Redacted]

Personal Data Record Form

incumbent

Profile

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New Applicant or Current Member

☒ Current Member

Allison

First Name

Miner

Last Name

Email Address

Date of Birth

Place of Birth

Home Address

Street Address

City

Primary Phone

Suite or Apt

State

22301

Postal Code

Alternate Phone

Alexandria Inova Hospital

Employer

Dietitian

Job Title

Applicants may only apply for ONE board/commission/committee at a time.

Which Boards would you like to apply for?

~~None Selected~~*Public Health Advisory Commission*

Allison Miner

Type of Position/Role

Citizen

Demographics

Do you currently live in the City of Alexandria?

☒ Yes ☐ No

If yes, how long?

3

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 have been a member of Public Health Advisory Commission for the last two years.

Interests & Experiences

Statement of Interest/Why You Should Be Appointed

I am a health professional with an interest in the health and well-being of the citizen of Alexandria, VA. I am very active in my community. I bring a unique perspective as both a healthcare professional in the field of dietetics as well as my African American cultural heritage.

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

☒ Yes ☐ No

If yes, please list the board:

Public Health Advisory Commission

How many terms have you served on this board?

1

Allison Miner

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:

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

☐ Yes ☐ No

If yes, please explain:

Spouse if the Division Chief, Capital Improvement Projects William Miner, AIA

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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.):

University of Maryland, Bachelor of Science, Dietetics University of Maryland, Master's Degree, International Nutrition Morgan State University, Doctorate, Leadership Registered Dietitian - Licensed in Washington, DC and Maryland (Virginia has no licensure requirement)

Allison Miner

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

STG International contract - working with the TSA as a dietitian Inova Alexandria Hospital - working as a clinical dietitian George Washington University, Master of Public Health program lecturer

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

[REDACTED]

Non-Discrimination Data Supplemental Questions

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Date of Application

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