

APPLICATION FOR APPOINTMENT TO BOARD OR COMMISSION

Resume or letters of recommendation may be attached.

Ap	oplicants may be required	to live within the Fresn	o City limits	. I reside	e in Counci	l District N	lo <u>_7</u>	1	
Name	Adrian Jones		Hm. Phone	:	Wk. l	Phone:			
Home	Address:		Zip: 93703	8					
Work	Address:		<u>.</u> Zip: 93711						
E-Mai Yrs <u>3</u>	l: _ Months 3	Occupation/Employer:	Associate	Family	Therapist	/ North	Star	Wellness	Center
Educa	tional Background, Schools	Attended, Degrees and Co	ertifications:						
Master	r – Marriage and Family Th	- Marriage and Family Therapy, Bachelors Social Work - California State University, Fresno							
Profes	sional and Community Affi	liations:							
CAMI NASW	RO – National Association of T – California Association of National Association of Stand Committee	of Marriage and Family T							
For wh	nat Board or Commission ar	e you applying? Fresno H	ousing Autho	rities					
former woman commit workin provid higher	y explain why you are intered resident of the Fresno Hou of color, I successfully partitee; I am a college graduating with children and low ince everything needed to creat education. Proper policy created but it is the key to the fame	sing Authority is the leading rticipated in HUD's Family as a home owner come families. My philosopte sustainability in a persone eation and execution is the	ng force to my y Self Sufficie . I give back o phy is simple; n's life. My ac e key compone	interest in interest in incy programmer in incoming in incoming in interest in	ram. I now a Marriage that educati ocuses on, u only cities,	n this board, serve on the and Family ion, hard wo pward mobic communitie	As a denational Therapions and collisty, hower and new transfer and new tr	ivorced mat all commissions primarily opportunity me ownershighborhood	can ip and
Provid	e 3 Personal/Professional R	eferences. Provide name,	address, and p	ohone nur	nber where	they may be	reache	d during the	day.
Mrs. R	aneesha Senegal Leneeta Anthony regory Barfield								
	u or an immediate family t for this board, commission		sional or fina	ncial rela	tionships th	nat may pre	sent a p	ootential con	nflict of
I decla	re under penalty of perjury	the above information is tr	rue and correc	t.					
	completed, signed applicated 488-1005. Your application								
FOR (OFFICE USE ONLY: Date	e referred to Mayor	Da	ate referre	ed to Counci	ilmember			



nt•	Applicar	4/7/2020	Dated:
п	Applicat	4/ // ZUZU	Dated:

Return completed, signed application to the City Clerk's Office, 2600 Fresno Street, Room 2133, Fresno, CA 93721-3603 or FAX to (559) 488-1005. Your application will be kept on file for two years, please re-file after that time if you are still interested in serving.

FOR OFFICE USE ONLY: Date referred to Mayor ______ Date referred to Councilmember _____