# NOTIFICATION OF APPOINTMENT BY OFFICE OF THE MAYOR

# TO BOARD OR COMMISSION

**TO:** City Council

**THROUGH:** Amy K. Aller, City Clerk

**BY:** Jerry P. Dyer, Mayor

**__X__** Reappointment

**_____** New Appointment

Name of person replaced: N/A

**Name:** Kellie Griener
(Executive Representative)

**Address:** [redacted]

**Phone:** [redacted]

**Appointed to:** Disability Advisory Board

**Term:** Through June 30, 2028

# Application Form

## Profile

### Which Boards would you like to apply for?

Disability Advisory Commission: Submitted

Kellie (First Name) | M (Middle Initial) | Greiner (Last Name)

[redacted] (Email Address)

[redacted] (Home Address)

Fresno (City) | CA (State) | 93720 (Postal Code)

### What district do you live in? *

☑ District 6

Mobile: [redacted] (Primary Phone) | (Alternate Phone)

### Briefly explain why are you interested in serving on this board or commission?

I want to learn more about the disability services and accessibility efforts available throughout the community. I want to share insights regarding disability services in education, primarily community college. I want to meet other professionals related to my field. I want to promote a universally designed world.

### Educational background, Schools Attended, Degrees and Certifications

Bachelor's degree: California State University, Fresno (Deaf Education) Master's degree: Western Oregon University, Monmouth Oregon (Rehabilitation Counseling for the Deaf) National Board Certified Counselor (NBCC) Certificate Number: 1165110 Certified Rehabilitation Counselor (CRCC) Certificate Number: 388242

### Briefly explain your qualifications or areas of demonstrated expertise for this board or commission.

I have knowledge and experience in disability services, primarily serving students. I have worked as a disability services counselor, Learning Disability Specialist, and Alternate Media Specialist. In my current position as the Director of Disability Services at Clovis College I provide oversight on all disability accommodations and support services provided to students. My educational background is related to vocational services for individuals with disabilities, I am very familiar with government programs such as Department of Rehabilitation, and I value the concept that anyone that wants to work can work and be a valued member of the community. I have experience serving the Deaf community in their native language, American Sign Language.

**Do you or an immediate family member have any professional or financial relationship that may present a potential conflict of interest for this board, commission or similar body?**

○ Yes ◉ No

## Work History

Clovis Community College
Employer

Director, Disabled Students Programs & Services
Job Title

### Work Address

[redacted]

### City, State, Zip Code

Fresno, CA 93720

**Provide 3 Personal and Professional References. Provide name, address, and phone number where they may be reached during the day.**

L mentor Director, Disability Services Oxnard College
[redacted] p: Colleague Counselor,
C [redacted] Heather Golden
R
[redacted] Michael Miguel Relationship: Friend
F [redacted]

Question applies to multiple boards

**I declare under penalty of perjury the above information is true and correct.**

◉ Yes ○ No

Question applies to multiple boards

**The Political Reform Act of 1974 prohibits public officials from using their official positions to influence governmental decisions in which they have a financial interest. The Board Members in the designed positions must disclose their financial interests as specified in the agency's confict of interest code.**

**I agree that I have read the above and agree to file a Statement of Economic Interest Form should I be appointed to a Board, Commission, or similar body according to the adopted resolution.**

☑ I Agree

Kellie M Greiner