



CLINTON J. OLIVIER
Council President

NOTIFICATION OF APPOINTMENT

TO: Fresno City Council

THROUGH: Yvonne Spence, City Clerk

FROM: Council President Clint Olivier

X REAPPOINTMENT

NEW APPOINTMENT

NAME: Vonnie Franks

ADDRESS: [REDACTED]

HOME: [REDACTED]

APPOINTED TO: Fresno-Madera Area Agency on Aging
Governing Board



APPLICATION FOR APPOINTMENT TO BOARD OR COMMISSION

Resume or letters of recommendation may be attached.

Applicants may be required to live within the Fresno City limits. I reside in Council District No. 2

Name: Joanie Blanks Hm. Phone: [REDACTED] Wk. Phone: [REDACTED]

Home Address: [REDACTED] Zip: 93711

Work Address: [REDACTED] Zip: [REDACTED]

E-Mail: [REDACTED] Occupation/Employer: Retired (Probation Officer) Yrs 35 Months [REDACTED]

Educational Background, Schools Attended, Degrees and Certifications: [REDACTED]

BA Vanguard University

Professional and Community Affiliations: [REDACTED]

Post RSV Current Fresno Madera Area Agency on Aging
Retired Senior Volunteer Program

For what Board or Commission are you applying? Fresno Madera Area Agency on Aging

Briefly explain why you are interested in serving on this Board(s) or Commission(s): [REDACTED]

I have a vested interest in the well being of senior adults
in our community

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

Scott Hyesoka 6188 E Iowa Fresno 93727 559 367-3730

Lorraine Sepeda 2517 Palo Alto Clovis 93611 559 304 7628

Veronica Bernal 247 E Ballard #126 Fresno 93710 559 449-9342

Do you or an immediate family member have any professional or financial relationships that may present a potential conflict of interest for this board, commission or similar body? no

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

Dated: 1/4/18 Applicant: [REDACTED] Signature [REDACTED]

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 [REDACTED] Date referred to Councilmember [REDACTED]



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X REAPPOINTMENT

NEW APPOINTMENT

NAME: Edward Saliba

ADDRESS: [REDACTED]

HOME: [REDACTED]

APPOINTED TO: Fresno-Madera Area Agency on Aging
Governing Board

Resume or letters of recommendation may be attached.

Applicants may be required to live within the Fresno City limits. I reside in Council District No. 6Name: EDWARD S. SALIBA Hm. Phone: [REDACTED] Wk. Phone: [REDACTED]Home Address: [REDACTED] Zip: 93720Work Address: [REDACTED] Zip: 93706E-Mail: EDWARD.SALIBA@SBCGLOBAL.NET Occupation/Employer: ADMINISTRATOR/V.P. VALLEY ADULT DAY HEALTH CTR. Yrs 14 Months Educational Background, Schools Attended, Degrees and Certifications: HAIGAZIAN UNIVERSITY, BEIRUT, LEBANON B.A. BUS. ADMIN./ACCT.CALIF. STATE UNIV. FULLERTON, NUMEROUS CERT. ADULT DAY CARE INDUSTRYProfessional and Community Affiliations: BOARD MEMBER OF GOVERNING BOARD FHAAA, ED-CHAIR HEALTH NETSTATEWIDE POLICY-SETTING COMMITTEE; ADVISORY BOARD ANTHEM B.C.VICE MODERATOR, PILGRIM ARMENIAN CONGREGATIONAL CHURCH, FRESNO
ARMENIAN EVANG. UNION OF NO. AMERICA BOARD MEMBERFor what Board or Commission are you applying? FHAAA GOVERNING BOARDBriefly explain why you are interested in serving on this Board(s) or Commission(s): TO BRING MYBENEFIT TO THE COMMUNITY

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

TIM ORMAN, [REDACTED]
MARK SHIRIN, [REDACTED]
JEFF MELKIAN, [REDACTED]Do you or an immediate family member have any professional or financial relationships that may present a potential conflict of interest for this board, commission or similar body? NO

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

Dated: 01/05/18 Applicant: [REDACTED] Signature: [REDACTED]

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