

IMPORTANT NOTICE: The City Council may consider appointments to boards and commissions in executive sessions which are closed to the public, and then make the appointments in a public meeting. You have the right, however, to have your application considered in a public meeting by providing a written request to the City Clerk.

CITY OF FLAGSTAFF
APPLICATION TO SERVE ON A BOARD/COMMISSION

RECEIVED

MAR 25 2014

RETURN TO: CITY CLERK'S OFFICE, 211 WEST ASPEN AVENUE, FLAGSTAFF, AZ 86001

DATE: 3-24-2014

PLEASE NOTE THAT THIS INFORMATION IS PUBLIC INFORMATION.
APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR!

BOARD/COMMISSION YOU WISH TO SERVE ON: Disability Awareness Commission

IF APPLICABLE, TYPE OF SEAT FOR WHICH YOU ARE QUALIFIED: Commission Member

YOUR NAME: Kathryn Chandler HOME PHONE: 928-607-9467

HOME ADDRESS: 3904 E. Thrush Ln. ZIP: 86004

MAILING ADDRESS (If Different from Above): Same

EMPLOYER: NAIPTA JOB TITLE: Mobility Manager

BUS. PHONE: 928-679-8904 CELL: 928-607-9467 E-MAIL: kchandler@naipta.az.gov

PLEASE INDICATE PREFERRED TELEPHONE: HOME WORK CELL

BACKGROUND INFORMATION: Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.

Have been on this commission for one term - love the work we do.

Why do you want to serve on the board or commission you listed? (Attach additional page if needed.)

Love the work we do and would love to continue.

I understand that any information provided above is public information and I certify that I meet the City Charter requirement of living within the Flagstaff City limits and have read and understand the right to have my application considered in a public meeting.

Kathryn Chandler
Applicant Signature

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RECEIVED

**CITY OF FLAGSTAFF
APPLICATION TO SERVE ON A BOARD/COMMISSION**

MAR 25 2014

RETURN TO: CITY CLERK'S OFFICE, 211 WEST ASPEN AVENUE, FLAGSTAFF, AZ 86001

DATE: 3-25-14

**PLEASE NOTE THAT THIS INFORMATION IS PUBLIC INFORMATION.
APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR!**

BOARD/COMMISSION YOU WISH TO SERVE ON:

Disability Awareness Commission

IF APPLICABLE, TYPE OF SEAT FOR WHICH YOU ARE QUALIFIED:

Member

YOUR NAME:

Debra Gale

HOME PHONE:

928 853 4730

HOME ADDRESS:

1401 N. 4th St. #117 Flag

ZIP:

86004

MAILING ADDRESS (if Different from Above):

Safe

EMPLOYER:

Res Care; Coordinator

JOB TITLE:

Customer Service

BUS. PHONE:

556-0195

CELL:

928 853 4730

E-MAIL:

ANN34me@yahoo

PLEASE INDICATE PREFERRED TELEPHONE:

HOME

WORK

CELL

BACKGROUND INFORMATION: Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.

Why do you want to serve on the board or commission you listed? (Attach additional page if needed.)

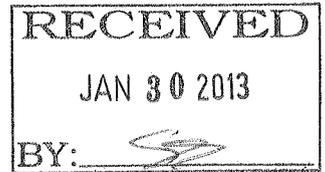
further my commitments to commission

I understand that any information provided above is public information and I certify that I meet the City Charter requirement of living within the Flagstaff City limits and have read and understand the right to have my application considered in a public meeting.


Applicant Signature

Stacy Saltzburg

From: noreply@civicplus.com
Sent: Wednesday, January 30, 2013 12:59 PM
To: Elizabeth Burke; Stacy Saltzburg
Subject: Online Form Submittal: Board/Commission Application



If you are having problems viewing this HTML email, click to view a [Text version](#).

Board/Commission Application

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Application to Serve on a Board/Commission

Please note that this information is a public record.

Date:* 1/30/2013
Board/Commission you wish to serve on:* Commission on Disability Awareness
If applicable, type of seat for which you are qualified:

Your Information

Name:*	Dazhoni James	Home Phone:*	9282255697
Home Address:*	2110 N. East St. Apt. C Flagstaff, AZ	Zip:*	86004
Mailing Address (If different from above):			
Employer:*	Goodwill Industries Northern Arizona	Job Title:*	Employment Specialist
Business Phone:	9285269188	Cell:	9282255697
E-mail:*	dazhoni.james@goodwillna.org		
Indicate preferred telephone:*	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input checked="" type="checkbox"/> Cell	

Background Information

Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.

My experience and interest are applicable to this commission through the following: high knowledge of assisting individuals with disabilities to secure, enter and maintain employment, passion for promoting the lives of others, genuine desire to increase awareness and collaborate with others to actively fulfill the requirements of this board. I have worked passionately with Goodwill Industries of Northern Arizona as an employment specialist for 4.5 years. My role as an employment specialist requires a high level of expertise in strengthening and improving the lives of individuals with disabilities through expanding employment opportunities and addressing barriers in the workplace. Additionally, I work with employers to promote disability awareness in the workplace, discuss ADA (Americans with Disabilities) rights and work accommodations to ensure on the job success. Through my personal life experiences I have developed a lifelong passion for changing lives including individuals with disabilities. Being a member of the Navajo Nation and working through many barriers including alcoholism, domestic violence, high unemployment, poverty and minimal access to services for individuals with disabilities has sparked a lifelong passion to possess a solution focused attitude to changing lives through knowledge, awareness and advocacy. As a member of this commission I will collaborate with others, focus on creating more opportunities in employment and provide ongoing feedback and solutions to barriers that individuals with disabilities face including employment, access to programs, housing and other important initiatives.

Why do you want to serve on the board or commission you listed?

I desire to serve on this commission so I may collaborate with others from the Flagstaff community to creatively and innovatively increase the knowledge of individuals with disabilities, expand educational opportunities, participate in expanding employment; and strengthen rehabilitation programs. While serving on the board, I will bind my professional and personal experience to change lives through my service and creating awareness. I have seen this commission impact the Flagstaff community and want to be a part of the 'movement'. It has become my goal to help

others overcome barriers by identifying proactive solutions, establishing goals and an active plan to address each situation. Again, I wish to serve on this board to continue to strengthen the goals of the commission, to offer feedback and solutions to barriers, and to be an advocate for those in the Flagstaff community and beyond.

By submitting this electronic form, I acknowledge that any information provided above is a public record, and I certify that I meet the City Charter requirement of living within the Flagstaff City limits and have read and understand the right to have my application considered in a public meeting.

* indicates required fields.

The following form was submitted via your website: Board/Commission Application

Date:: 1/30/2013

Board/Commission you wish to serve on:: Commission on Disability Awareness

If applicable, type of seat for which you are qualified::

Name:: Dazhoni James

Home Phone:: 9282255697

Home Address:: 2110 N. East St. Apt. C Flagstaff, AZ

Zip:: 86004

Mailing Address (If different from above)::

Employer:: Goodwill Industries Northern Arizona

Job Title:: Employment Specialist

Business Phone:: 9285269188

Cell:: 9282255697

E-mail:: dazhoni.james@goodwillna.org

Indicate preferred telephone:: Cell

Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.: My experience and interest are applicable to this commission through the following: high knowledge of assisting individuals with disabilities to secure, enter and maintain employment, passion for promoting the lives of others, genuine desire to increase awareness and collaborate with others to actively fulfill the requirements of this board.

I have worked passionately with Goodwill Industries of Northern Arizona as an employment specialist for 4.5 years. My role as an employment specialist requires a high level of expertise in strengthening and improving the lives of individuals with disabilities through expanding employment opportunities and addressing barriers in the workplace. Additionally, I work with employers to promote disability awareness in the workplace, discuss ADA (Americans with Disabilities) rights and work accommodations to ensure on the job success.

Through my personal life experiences I have developed a lifelong passion for changing lives including individuals with disabilities. Being a member of the Navajo Nation and working through many barriers including alcoholism, domestic violence, high unemployment, poverty and minimal access to services for individuals with disabilities has sparked a lifelong passion to possess a solution focused attitude to changing lives through knowledge, awareness and advocacy.

As a member of this commission I will collaborate with others, focus on creating more opportunities in employment and provide ongoing feedback and solutions to barriers that individuals with disabilities face including employment, access to programs, housing and other important initiatives.

Why do you want to serve on the board or commission you listed?: I desire to serve on this commission so I may collaborate with others from the Flagstaff community to creatively and innovatively increase the knowledge of individuals with disabilities, expand educational opportunities, participate in expanding employment; and strengthen rehabilitation programs.

While serving on the board, I will bind my professional and personal experience to change lives through my service and creating awareness. I have seen this commission impact the Flagstaff community and want to be a part of the 'movement'. It has become my goal to help others overcome barriers by identifying proactive solutions, establishing goals and an active plan to address each situation.

Again, I wish to serve on this board to continue to strengthen the goals of the commission, to offer feedback and solutions to barriers, and to be an advocate for those in the Flagstaff community and beyond.

Additional Information:

Form submitted on: 1/30/2013 12:59:10 PM

Submitted from IP Address: 206.80.216.98

Referrer Page: <http://www.flagstaff.az.gov/index.aspx?NID=1883>

Form Address: <http://az-flagstaff3.civicplus.com/Forms.aspx?FID=166>

Stacy Saltzburg

From: noreply@civicplus.com
Sent: Tuesday, March 25, 2014 2:42 PM
To: Elizabeth Burke; Stacy Saltzburg
Subject: Online Form Submittal: Board/Commission Application

If you are having problems viewing this HTML email, click to view a [Text version](#).

Board/Commission Application

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Application to Serve on a Board/Commission

Please note that this information is public information.

Date:* 03/25/2014
Board/Commission you wish to serve on:* Disability Awareness Commission
If applicable, type of seat for which you are qualified: Member

Your Information

Name:* Christina M. Leland Home Phone:* 928-707-3114
Home Address:* 1580 E. Rt. 66, Flagstaff, AZ. Zip:* 86001
Mailing Address (If different from above): 2532 N. Fourth St. # 154, Flagstaff
Employer:* Disabled Job Title:* Handicap Facilitator
Business Phone: N/A Cell: 928-707-3114
E-mail:* handicap.facilitator@gmail.com
Indicate preferred telephone:*
 Home Cell
 Work

Background Information

Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.

I am a City of Flagstaff resident. I am an active volunteer in community safety. I have dedicated my life to assisting others and striving to make our community a better place. I am a state & Federal certificated instructor and have authored two books; one on Public Safety and another on Handicap safety and I actively teach others.

Why do you want to serve on the board or commission you listed?

As a mobility impaired person, I have developed a keen insight into handicap and disability related issues and concerns. I want to help make a positive difference and serve on the Disability Awareness Commission to further my service to the community. I sincerely believe that I would be a ideal candidate for this position and would serve the City of Flagstaff to the best of my ability.

By submitting this electronic form, I acknowledge that any information provided above is public information, and I certify that I meet the City Charter requirement of living within the Flagstaff City limits and have read and understand the right to have my application considered in a public meeting.

* indicates required fields.

The following form was submitted via your website: Board/Commission Application

Date:: 03/25/2014

Board/Commission you wish to serve on:: Disability Awareness Commission

If applicable, type of seat for which you are qualified:: Member

Name:: Christina M. Leland

Home Phone:: 928-707-3114

Home Address:: 1580 E. Rt. 66, Flagstaff, AZ.

Zip:: 86001

Mailing Address (If different from above):: 2532 N. Fourth St. # 154, Flagstaff

Employer:: Disabled

Job Title:: Handicap Facilitator

Business Phone:: N/A

Cell:: 928-707-3114

E-mail:: handicap.facilitator@gmail.com

Indicate preferred telephone:: Cell

Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.: I am a City of Flagstaff resident. I am an active volunteer in community safety. I have dedicated my life to assisting others and striving to make our community a better place. I am a state & Federal certificated instructor and have authored two books; one on Public Safety and another on Handicap safety and I actively teach others.

Why do you want to serve on the board or commission you listed?: As a mobility impaired person, I have developed a keen insight into handicap and disability related issues and concerns. I want to help make a positive difference and serve on the Disability Awareness Commission to further my service to the community. I sincerely believe that I would be a ideal candidate for this position and would serve the City of Flagstaff to the best of my ability.

Additional Information:

Form submitted on: 3/25/2014 2:42:07 PM

Submitted from IP Address: 75.226.15.242

Referrer Page: <http://az-flagstaff3.civicplus.com/index.aspx?nid=994>

Form Address: <http://az-flagstaff3.civicplus.com/Forms.aspx?FID=166>

Stacy Saltzburg

From: noreply@civicplus.com
Sent: Wednesday, April 02, 2014 2:21 PM
To: Elizabeth Burke; Stacy Saltzburg
Subject: Online Form Submittal: Board/Commission Application

If you are having problems viewing this HTML email, click to view a [Text version](#).

Board/Commission Application

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Application to Serve on a Board/Commission

Please note that this information is public information.

Date:* 04/02/2014
Board/Commission you wish to serve on:* Disability Awareness Commission
If applicable, type of seat for which you are qualified: Board Member

Your Information

Name:* James D Martinez Home Phone:* (928) 526-8885
Home Address:* 4801 E Snowshoe Way, Flagstaff, AZ Zip:* 86004
Mailing Address (If different from above):
Employer:* DES/DDD Job Title:* Customer Service Representative
Business Phone: (928) 773-4957 Cell: (928) 699-0532
E-mail:* jdmartinez@azdes.gov
Indicate preferred telephone:* () Home () Cell
(X) Work

Background Information

Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.

I was born and raised in Flagstaff, Arizona and have lived my life with Cerebral Palsy. I have dedicated my life and work to advocating for people with disabilities. My work experience includes Northern Arizona University, Coconino County Community Services, NAIPTA, Quality Connections and the Division of Developmental Disabilities.

Why do you want to serve on the board or commission you listed?

I am currently serving as a board member on the Disability Awareness Commission and my one year term is complete. I would like to submit my application for consideration of a three year term on the Disability Awareness Commission.

By submitting this electronic form, I acknowledge that any information provided above is public information, and I certify that I meet the City Charter requirement of living within the Flagstaff City limits and have read and understand the right to have my application considered in a public meeting.

* indicates required fields.

The following form was submitted via your website: Board/Commission Application

Date:: 04/02/2014

Board/Commission you wish to serve on:: Disability Awareness Commission

If applicable, type of seat for which you are qualified:: Board Member

Name:: James D Martinez

Home Phone:: (928) 526-8885

Home Address:: 4801 E Snowshoe Way, Flagstaff, AZ

Zip:: 86004

Mailing Address (If different from above)::

Employer:: DES/DDD

Job Title:: Customer Service Representative

Business Phone:: (928) 773-4957

Cell:: (928) 699-0532

E-mail:: jdmartinez@azdes.gov

Indicate preferred telephone:: Work

Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.: I was born and raised in Flagstaff, Arizona and have lived my life with Cerebral Palsy. I have dedicated my life and work to advocating for people with disabilities. My work experience includes Northern Arizona University, Coconino County Community Services, NAIPTA, Quality Connections and the Division of Developmental Disabilities.

Why do you want to serve on the board or commission you listed?: I am currently serving as a board member on the Disability Awareness Commission and my one year term is complete. I would like to submit my application for consideration of a three year term on the Disability Awareness Commission.

Additional Information:

Form submitted on: 4/2/2014 2:20:49 PM

Submitted from IP Address: 207.108.136.254

Referrer Page: No Referrer - Direct Link

Form Address: <http://az-flagstaff3.civicplus.com/Forms.aspx?FID=166>

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RECEIVED

MAR 25 2014

**CITY OF FLAGSTAFF
APPLICATION TO SERVE ON A BOARD/COMMISSION**

RETURN TO: CITY CLERK'S OFFICE, 211 WEST ASPEN AVENUE, FLAGSTAFF, AZ 86001

DATE: 3/25/14

**PLEASE NOTE THAT THIS INFORMATION IS PUBLIC INFORMATION.
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BOARD/COMMISSION YOU WISH TO SERVE ON: Commission on Disability Awareness

IF APPLICABLE, TYPE OF SEAT FOR WHICH YOU ARE QUALIFIED: _____

YOUR NAME: Russell R. Randall HOME PHONE: 928-607-8410

HOME ADDRESS: 1199 W. Coy Drive Flagstaff AZ ZIP: 86005

MAILING ADDRESS (If Different from Above): Same

EMPLOYER: Flagstaff USD JOB TITLE: Transition Facilitator

BUS. PHONE: 928-773-8200 CELL: 928-607-8410 E-MAIL: rrandall@fUSD1.org

PLEASE INDICATE PREFERRED TELEPHONE: HOME WORK CELL

BACKGROUND INFORMATION: Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.

I have provided direct service to people with disabilities for over 30 years through my work with Flagstaff USD, Special Olympics, Arizona State Training Program, etc. I also chair the Flagstaff Community Transition team which advocates for folks with disabilities.

Why do you want to serve on the board or commission you listed? (Attach additional page if needed.)

I actively advocate and work for the self determination of all people with disabilities. My continued membership/involvement with the DAC would support this.

I understand that any information provided above is public information and I certify that I meet the City Charter requirement of living within the Flagstaff City limits and have read and understand the right to have my application considered in a public meeting.

[Signature]
Applicant Signature