

Coni McMaster

From: cityclerk@kalama.com
Sent: Sunday, June 23, 2019 9:37 AM
To: cityclerk@kalama.com
Subject: City of Kalama Committee,Board, Commission Application

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Form Name: Application for City Commissions, Boards, & Committees
Date & Time: 06/23/2019 9:36 AM
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Survey Details

Page 1

Application for City of Kalama Commissions, Boards, and Committees

PO Box 1007, Kalama, WA 98625, 360-673-4561

Additional information or a resume may be submitted with this application

Requirements:

City Council: Must live in the City Limits of Kalama and have been a resident for 1 year.

Planning Commission: Must live or own a business in the City Limits. OR may live outside City limits within the Kalama School District boundaries.

Library Board: May live either in or outside the City limits.

Parks & Recreation: Must live in the City limits or within the park plan boundaries.

Kalama Housing Authority: Must live in the Kalama area, not be on City Council, & not own or have an interest in property subsidized by HUD in Kalama.

Civil Service Commission: The Revised Code of the State of Washington states in part: "...No person shall be appointed a member of such commission who is not a citizen of the United States, a resident of such city for at least three years immediately preceding such appointment, and an elector of the county wherein he resides...At the time of any appointment not more than two commissioners shall be adherents of the same political party." RCW 41.12.030.

1. Personal Information

Name

Wendy Conradi

Address



Mailing Address	██████████	City	Kalama
State	Washington	ZIP Code	98625
Phone	██████████	Work or Cell Phone	Not answered
Email Address	██████████	How long have you lived in Kalama	4
Current Occupation	Registered Nurse		

2. **Please indicate the board, commission, or committee on which you would be interested in serving. Check all that apply**
 City Council

3. **Are you available for day or night meetings.**
 Night

4. **What is your interest/objective in serving on this Commission, Board, or Committee?**

I am a Kalama native who enjoys all Kalama has to offer. The small town atmosphere and the conveniences of Kalama's location make it a perfect place to reside. I love the strong sense of community and friendliness of the citizens. I believe it's a perfect place to live.

A couple years ago, I found myself attending city council meetings and wanting to become more involved with local government. Now that my children are grown, I have time to devote my attention to our community. I hold a Bachelor's of Science Degree in Nursing, and have worked in the healthcare industry as an RN for over 27 years. If chosen, I will make informed decisions and act in the best interest of the citizens of Kalama.

I believe elected officials should be accessible, responsive and transparent to citizens' concerns. Ideally these two coincide. It's important for those living in a community to have a voice. I would like to see further revitalization of the downtown business area. Often change is inevitable. Therefore, it's important to maintain Kalama's small town atmosphere and strong sense of community. These are the things make Kalama a great place to live.

5. **What previous experience do you have serving on a Commission, Board or Committee?**

I have experience serving as Little League Board Member, soccer coach, Kalama Fire Department Auxiliary and multiple committees related to my healthcare career. For example, currently I am a member of the Shared Governance Committee and Healthcare Informatics Committee at Peace Health. Also, I have served as Alaska Nurses Association contract negotiation team member.

6. **Additional Information**

Not answered

QUESTIONS BELOW ARE REQUIRED FOR CIVIL SERVICE COMMISSION APPLICANTS ONLY

7. **Are you a citizen of the United States?**

YES

8. **Are you registered to vote in Cowlitz County?**

YES

9. **What is your political party affiliation?**

Non-partisan

By submitting this form, I CERTIFY that all statements and information furnished on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that statements or information furnished on this form are subject to verification and I agree to furnish supporting documents or information when so requested and/or names, addresses and phone numbers (if known) of officials or other individuals who can substantiate the above information. I also understand that intentional misstatements or falsification may result in disciplinary action.

10. Signature - Electronic Signatures are Accepted.

Signature

Wendy Conradi

Date

6/23/2019

Thank you,
City of Kalama

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