



City of Sacramento Announcement of Available Positions on the

Animal Care Citizens Advisory Committee

Applications Due: 03/26/10 at 4:30 p.m. (No Exception)

Postmarks Not Accepted

# of Position(s)	Category	Category Description
1	B	Actively involved in the operation of an animal welfare organization
1	C	Public at-large representing the community, and shall not be an animal care professional or affiliated with an animal welfare organization.

Interested persons must file written notice on the City's official application form (attached) with the Sacramento City Clerk at:

**Office of the City Clerk
Historic City Hall
915 I Street, First Floor
Sacramento, CA 95814**

Additional Requirements:

Compensation	\$50.00 per meeting attended. Not to exceed \$100.00 per month.
City Residency Required	Yes - For Category C
Other Requirements	Yes – For Categories A and B residency in the greater Sacramento area required.
Conflict of Interest Statement Required	No
<u>Local</u> Ethics Training Certificate Required	Yes – Upon appointment

IMPORTANT

Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

The City of Sacramento encourages applications from all persons regardless of race, color, religion, sex, age, national origin, ancestry, physical or mental disability, sexual orientation, medical condition, pregnancy-related conditions, or marital status unrelated to job requirements, and does not discriminate in its selection of individuals to serve on boards and commissions. Anyone who believes they have been discriminated against may contact the Equal Opportunity Manager at: Human Resources Department, Equal Opportunity Division, 915 I Street, New City Hall, 4th Floor, Sacramento, CA 95814, (916) 808-5270.

Further information may be obtained by calling the City Clerk's Office at (916) 808-7200.

ANIMAL CARE SERVICES CITIZENS ADVISORY COMMITTEE

CONTACT: Animal Care Services
Penny Cistaro, Animal Care Services Manager
Dan Torres, Interim Sup. ACO
2127 Front Street
Sacramento, CA 95818

pCistaro@cityofsacramento.org
dtorres1@cityofsacramento.org

Telephone: 808-7433 (Penny)
808-5855 (Dan)
Fax: 808-5386

Mail Code: 12100

APPOINTMENT: Seven (7) members appointed by the Mayor and confirmed by the City Council as follows:

- A. Two (2) members who are animal care professionals to include at least one (1) licensed veterinarian; one (1) may include but not be limited to a licensed veterinarian, veterinary technician, or a person actively involved in the operation of an animal control/humane society agency. Members appointed pursuant to this subsection A shall be residents of the greater Sacramento metropolitan area.
- B. Two (2) members shall be actively involved in the operation of an animal welfare organization. Members appointed pursuant to subsection B shall be residents of the greater Sacramento metropolitan area.
- C. Three (3) members at-large representing the community, and shall not be animal care professionals or affiliated with an animal welfare organization. Members appointed pursuant to this subsection C shall be residents of the City of Sacramento

TERM: Three (3) year term. Two term limit applies. A successor appointed to complete an unexpired term shall be eligible to serve up to two consecutive terms in addition to the unexpired term.

MEETING INFO: Monthly on the last Tuesday at 6:00 p.m., Multi-Purpose Room, Animal Care New Cattery, 2127 Front Street, Sacramento, CA 95818

COMPENSATION: \$50.00 per meeting attended, not to exceed \$100.00 per month.

POWERS & DUTIES: The powers and duties of this board include:

1. Provide advisory recommendations to the Mayor and City Council on strategies, policies, and programs designed to assure quality care for the animals housed at the City's Animal Care Services Center, increase awareness of animals available for adoption, importance of spay/neuter of animals, assist in soliciting input from the community relating to use of unclaimed spay/neuter deposits, educate the community regarding the humane treatment of animals, and other matters related to animal care responsibilities.
2. Provide a forum for public discussion of the city's efforts to bring about positive change and improvements at the Animal Care Services Center.
3. Serve as a liaison to the Mayor, Council, and City staff on behalf of the community in matters related to animal care services.



City of Sacramento

Application for Appointment to Boards/Commissions and Committees

INSTRUCTIONS: Provide **all** information requested; use **blue or black ink**; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. **Return this completed application form to:** Office of the City Clerk, Historic City Hall, 915 I Street, 1st Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

IMPORTANT: Letters of recommendation are **optional**. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: _____

CATEGORY FOR WHICH YOU ARE APPLYING: _____

Description

Category Letter

Name of Company/Organization Being Represented (if applicable): _____

Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: _____ E-Mail: _____
Last First Middle

Home Address: _____
Street # Street Name City State Zip

Mailing Address (if different than home address): _____
Street # Street Name City State Zip

Resident of City Council District No: _____ Community Planning Area No.: _____
Required If applicable

Home Telephone: _____ Business Telephone: _____

Please state the reason you would like to be a member of this board/commission (or attach): _____

Are you currently, or have you in the past, served on an advisory group? **Circle:** Yes / No If yes, state the name of the group and how that service supports your application (or attach).

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? **Circle:** Yes / No

If yes, please explain: _____

BACKGROUND INFORMATION

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: _____

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

CURRENT EMPLOYER:

FROM: MO ____ DAY ____ YR ____ EMPLOYER NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

DUTIES: _____

PRIOR EMPLOYER(S):

FROM: MO ____ DAY ____ YR ____ EMPLOYER NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

DUTIES: _____

FROM: MO ____ DAY ____ YR ____ EMPLOYER NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

DUTIES: _____

FROM: MO ____ DAY ____ YR ____ EMPLOYER NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

DUTIES: _____

BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO ____ DAY ____ YR ____ BUSINESS NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: _____

CITY OF SACRAMENTO -
APPLICATION FOR APPOINTMENT

APPLICANT NAME

FROM: MO ____ DAY ____ YR ____ BUSINESS NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: _____

FELONY CONVICTIONS: A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: _____

CIVIL ACTIONS: List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: _____

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: _____ Date: _____
(original signature is required)

DISCLOSURE AND REGULATORY REQUIREMENTS

City Code Section 2.40.060: Conflict of Interest Disclosure - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

City Code Section 2.40.010: Attendance - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? **Circle:** Yes / No

City Resolution 2007-653: Mandatory Ethics Training - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? **Circle:** Yes / No

ACCOMMODATION INFORMATION

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: _____



City of Sacramento
Application to Boards/Commissions and Committees
Applicant Information (confidential data)
For administrative purposes only

This completed section is confidential and will be detached from your application. The following information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our equal opportunity efforts.

Please circle: Male / Female

Mark the applicable box for the racial / ethnic category with which you most closely identify:

- American Indian or Alaskan Native Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (this includes, but is not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- Black Persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic or Latino Persons of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race. This does not include persons who acquire a Spanish surname.
- White Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More races. All persons who identify with more than one of the above six races.
- Other
- Decline to answer