

Print**Advisory Board Chair Report (Complete One Per Applicant) - Submission #4578****Date Submitted: 2/19/2020****Applicant First Name:***

Lisa

Applicant Last Name:

Braden

Advisory Board Name:*

Human Service

Chair Name*

Wes Knepper

1. Has the applicant previously served on this or another advisory board?*☐ Yes☒ No**2. If yes, how many total years have they served?**

This should be available on the application or by asking the applicant.

3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?☐ Yes (Skip to Last Question)☒ No**4. Is the applicant already serving on this advisory board and completed their two full terms?**☐ Yes☒ No**5. Is the applicant applying for a special or expert seat on the advisory board?***☐ Yes☒ No**6. If yes, which seat?**

7. Did the applicant attend an advisory board meeting?*

☒ Yes

☐ No

8. If applicant did not attend an advisory board meeting, did you contact them via phone or email?

☐ Yes

☐ No

9. Applicant has demonstrated a clear understanding of the time commitment, roles, and responsibilities of serving on the advisory board:

☒ Yes

☐ No

10. If no, briefly explain:

11. In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. Please note that candidates who do not meet any of these qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Town Council liaison.

☐ Diversity

☐ Occupation, Experience, or Special Skills

☐ Other

If other, please explain:

Print

Advisory Board Application - Submission #4433

Date Submitted: 12/12/2019

First Name*

Lisa

Last Name*

Braden

Date*

12/12/2019

Select today's date

Address1*

705 W. Main St. Unit B

Address2

City*

Carrboro

State

NC

Zip*

27510

Is this address located within the corporate limits of the Town of Carrboro?*

Yes

Please select Yes or No.

Is this address located within the Town's ETJ, Planning Jurisdiction, or Northern Transition Area?*

No

Telephone*

6502088680

Please enter your primary contact phone number.

Email Address*

lbraden@lbraden.com

Enter your primary email address.

The demographic information provided below is of interest because your elected officials want the Town's advisory boards to reflect the diversity of the Town. Diversity of the applicant pool is a priority of the Board.

Date of Birth*

9/19/1953

Please enter your Month/Day/Year of Birth

Race*

caucasian

Please enter your race.

Sex*

female

Please enter your sex.

Occupation*

retired

Please enter your occupation.

Are you a registered Orange County Voter?*

Yes

Please answer Yes or No

Length of Residence in Orange County*

11 years

How long have you been a resident of Orange County?

Length of Residence in the Town of Carrboro*

3 years

How long have you been a resident of the Town of Carrboro?

I wish to be considered for appointment to the following committee/board(s) (Select no more than two (2)):*

- | | |
|---|---|
| <input type="checkbox"/> Affordable Housing Advisory Commission | <input type="checkbox"/> Northern Transition Area Advisory Committee |
| <input type="checkbox"/> Animal Control Board of Appeals | <input type="checkbox"/> OWASA Board of Directors |
| <input checked="" type="checkbox"/> Appearance Commission/NPDC | <input type="checkbox"/> Planning Board |
| <input type="checkbox"/> Arts Committee | <input type="checkbox"/> Recreation and Parks Commission |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Safe Routes to School Implementation Committee |
| <input type="checkbox"/> Economic Sustainability Commission | <input type="checkbox"/> Stormwater Advisory Commission |
| <input type="checkbox"/> Environmental Advisory Board | <input checked="" type="checkbox"/> Tourism Development Authority* |
| <input checked="" type="checkbox"/> Human Services Commission | <input type="checkbox"/> Transportation Advisory Board |
| <input type="checkbox"/> Greenways Commission | |

Please note that membership is limited to one advisory board at a time. You shall not be considered for appointment to another board unless you resign before filing an application or you are in the last six months of your current term.

Other (advisory board not listed):

Please indicate by typing the advisory board that you are applying for.

Advisory Board Preference*

~~Appearance Commission~~ Human Services

If you are applying for membership on more than one advisory board, please indicate your preference by typing your first choice. Please limit your selection to two boards).

***Employer/Self Employed**

Retired

Please enter your employment information. This is a requirement for application for the Tourism Development Authority.

Number of Years Employed*

3

Enter the number of years you have been employed at the organization listed to the left.

*** Provide examples of how you are involved in the promotion of travel and tourism in the Town of Carrboro.**

Required only for the Tourism Development Authority Application.

Community Activities/Organizational Memberships*

Recently completed the Carrboro Citizens Academy.

Please enter the requested information.

Relevant Experience:*

I am a dedicated landscaper and gardener who always strives to improve the space I occupy. I am appreciative of the unique aspects of Carrboro's environment - the sculpture garden at W. Main and E. Poplar, the teacup stacks on W. Poplar, the statue of a woman and the space capsule on W. Weaver, etc. I want to participate in celebrating and enhancing the special nature of Carrboro.

Reasons You Wish to be Appointed*

See above.

Have you ever served on any Town of Carrboro Committee or Board?*

If yes, which one(s)?

No

Are you currently serving on a Town Board or Committee?*

☐

Yes

☒

No

If yes, are you applying for a third consecutive term?*

☐

Yes

☒

No

If yes, please describe how you meet one, or more, of the following exceptions noted below. *

n/a

After completing two full terms, a member must take off one year before applying for re-appointment to the same advisory board. However, a board member may apply to serve on another advisory board if he/she desires. The Board of Aldermen may make exceptions to this rule under the following circumstances: 1. To retain diversity on an advisory board; 2. A lack of applicants.

Print**Advisory Board Chair Report (Complete One Per Applicant) - Submission #4579****Date Submitted: 2/19/2020****Applicant First Name:***

Maria Victoria

Applicant Last Name:

Cruz-Camargo

Advisory Board Name:*

Human Service

Chair Name*

Wes Knepper

1. Has the applicant previously served on this or another advisory board?*☐ Yes☒ No**2. If yes, how many total years have they served?**

This should be available on the application or by asking the applicant.

3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?☐ Yes (Skip to Last Question)☒ No**4. Is the applicant already serving on this advisory board and completed their two full terms?**☐ Yes☒ No**5. Is the applicant applying for a special or expert seat on the advisory board?***☐ Yes☒ No**6. If yes, which seat?**

7. Did the applicant attend an advisory board meeting?*

☒ Yes

☐ No

8. If applicant did not attend an advisory board meeting, did you contact them via phone or email?

☐ Yes

☐ No

9. Applicant has demonstrated a clear understanding of the time commitment, roles, and responsibilities of serving on the advisory board:

☒ Yes

☐ No

10. If no, briefly explain:

11. In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. Please note that candidates who do not meet any of these qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Town Council liaison.

☒ Diversity

☒ Occupation, Experience, or Special Skills

☐ Other

If other, please explain:

This board does not have any Latinx representation which would help - applicant is currently employed at El Centro Hispano and seems to understand needs of our community

Print

Advisory Board Application - Submission #4440

Date Submitted: 12/18/2019

First Name*

Maria Victoria

Last Name*

Cruz-Camargo

Date*

12/18/2019

Select today's date

Address1*

100 Crest Street

Address2

Apt C

City*

Carrboro

State

North Carolina

Zip*

27510

Is this address located within the corporate limits of the Town of Carrboro?*

Yes

Please select Yes or No.

Is this address located within the Town's ETJ, Planning Jurisdiction, or Northern Transition Area?*

Planning Jurisdiction

Telephone*

9193455475

Please enter your primary contact phone number.

Email Address*

vcruz@elcentronc.org

Enter your primary email address.

The demographic information provided below is of interest because your elected officials want the Town's advisory boards to reflect the diversity of the Town. Diversity of the applicant pool is a priority of the Board.

Date of Birth*

8/28/1965

Please enter your Month/Day/Year of Birth

Race*

Hispanic

Please enter your race.

Sex*

Female

Please enter your sex.

Occupation*

Specialist of community

Please enter your occupation.

Are you a registered Orange County Voter?*

No

Please answer Yes or No

Length of Residence in Orange County*

3 Years

How long have you been a resident of Orange County?

Length of Residence in the Town of Carrboro*

3 Years

How long have you been a resident of the Town of Carrboro?

I wish to be considered for appointment to the following committee/board(s) (Select no more than two (2)):*

- | | |
|---|---|
| <input type="checkbox"/> Affordable Housing Advisory Commission | <input type="checkbox"/> Northern Transition Area Advisory Committee |
| <input type="checkbox"/> Animal Control Board of Appeals | <input type="checkbox"/> OWASA Board of Directors |
| <input type="checkbox"/> Appearance Commission/NPDC | <input type="checkbox"/> Planning Board |
| <input type="checkbox"/> Arts Committee | <input type="checkbox"/> Recreation and Parks Commission |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Safe Routes to School Implementation Committee |
| <input type="checkbox"/> Economic Sustainability Commission | <input type="checkbox"/> Stormwater Advisory Commission |
| <input type="checkbox"/> Environmental Advisory Board | <input type="checkbox"/> Tourism Development Authority* |
| <input checked="" type="checkbox"/> Human Services Commission | <input type="checkbox"/> Transportation Advisory Board |
| <input type="checkbox"/> Greenways Commission | |

Please note that membership is limited to one advisory board at a time. You shall not be considered for appointment to another board unless you resign before filing an application or you are in the last six months of your current term.

Other (advisory board not listed):

Please indicate by typing the advisory board that you are applying for.

Advisory Board Preference*

If you are applying for membership on more than one advisory board, please indicate your preference by typing your first choice. Please limit your selection to two boards).

***Employer/Self Employed**

Please enter your employment information. This is a requirement for application for the Tourism Development Authority.

Number of Years Employed*

Enter the number of years you have been employed at the organization listed to the left.

*** Provide examples of how you are involved in the promotion of travel and tourism in the Town of Carrboro.**

****Required only for the Tourism Development Authority Application.****

Community Activities/Organizational Memberships*

Please enter the requested information.

Relevant Experience:*

Reasons You Wish to be Appointed*

Community Sevice

**Have you ever served on
any Town of Carboro
Committee or Board?***

If yes, which one(s)?

No

**Are you currently serving on a Town Board or
Committee?***

☐

Yes

☒

No

**If yes, are you applying for a third consecutive
term?***

☐

Yes

☒

No

If yes, please describe how you meet one, or more, of the following exceptions noted below. *

No

After completing two full terms, a member must take off one year before applying for re-appointment to the same advisory board. However, a board member may apply to serve on another advisory board if he/she desires. The Board of Aldermen may make exceptions to this rule under the following circumstances: 1. To retain diversity on an advisory board; 2. A lack of applicants.

[Print](#)**Advisory Board Chair Report (Complete One Per Applicant) - Submission #4531****Date Submitted: 2/2/2020****Advisory Board Name:***

Human Service

Chair Name*

Wes Knepper

Applicant First Name:*

Quinton

Applicant Last Name:

Harper

1. Has the applicant previously served on this or another advisory board?*☒ Yes☐ No**2. If yes, how many total years have they served?**

3

This should be available on the application or by asking the applicant.

3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?☒ Yes (Skip to Last Question)☐ No**4. Is the applicant already serving on this advisory board and completed their two full terms?**☐ Yes☐ No**5. Is the applicant applying for a special or expert seat on the advisory board?***☐ Yes☒ No**6. If yes, which seat?****7. Did the applicant attend an advisory board meeting?***☒ Yes☐ No**8. If applicant did not attend an advisory board meeting, did you contact them via phone or email?**☐ Yes☐ No**9. Applicant has demonstrated a clear understanding of the time commitment, roles, and responsibilities of serving on the advisory board:**☐ Yes☐ No**10. If no, briefly explain:**

11. In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. Please note that candidates who do not meet any of these

qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Board of Aldermen Liaison.

- ☐ Diversity
- ☐ Occupation, Experience, or Special Skills
- ☐ Other

If other, please explain:

[Print](#)**Advisory Board Chair Report (Complete One Per Applicant) - Submission #4530****Date Submitted: 2/2/2020****Advisory Board Name:***

Human Service

Chair Name*

Wes Knepper

Applicant First Name:*

Wes

Applicant Last Name:

Knepper

1. Has the applicant previously served on this or another advisory board?*☒ Yes☐ No**2. If yes, how many total years have they served?**

4

This should be available on the application or by asking the applicant.

3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?☒ Yes (Skip to Last Question)☐ No**4. Is the applicant already serving on this advisory board and completed their two full terms?**☐ Yes☐ No**5. Is the applicant applying for a special or expert seat on the advisory board?***☐ Yes☒ No**6. If yes, which seat?****7. Did the applicant attend an advisory board meeting?***☒ Yes☐ No**8. If applicant did not attend an advisory board meeting, did you contact them via phone or email?**☐ Yes☐ No**9. Applicant has demonstrated a clear understanding of the time commitment, roles, and responsibilities of serving on the advisory board:**☐ Yes☐ No**10. If no, briefly explain:**

11. In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. Please note that candidates who do not meet any of these

qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Board of Aldermen Liaison.

- ☐ Diversity
- ☒ Occupation, Experience, or Special Skills
- ☐ Other

If other, please explain:

Print**Advisory Board Chair Report (Complete One Per Applicant) - Submission #4581****Date Submitted: 2/19/2020****Applicant First Name:***

Samantha

Applicant Last Name:

Luu

Advisory Board Name:*

Human Service

Chair Name*

Wes Knepper

1. Has the applicant previously served on this or another advisory board?*☐ Yes☒ No**2. If yes, how many total years have they served?**

This should be available on the application or by asking the applicant.

3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?☐ Yes (Skip to Last Question)☒ No**4. Is the applicant already serving on this advisory board and completed their two full terms?**☐ Yes☒ No**5. Is the applicant applying for a special or expert seat on the advisory board?***☐ Yes☒ No**6. If yes, which seat?**

7. Did the applicant attend an advisory board meeting?*

☒ Yes

☐ No

8. If applicant did not attend an advisory board meeting, did you contact them via phone or email?

☒ Yes

☐ No

9. Applicant has demonstrated a clear understanding of the time commitment, roles, and responsibilities of serving on the advisory board:

☒ Yes

☐ No

10. If no, briefly explain:

11. In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. Please note that candidates who do not meet any of these qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Town Council liaison.

☒ Diversity

☒ Occupation, Experience, or Special Skills

☐ Other

If other, please explain:

volunteer experience at UNC SHAC clinic, organizing Asian American groups, and has a degree in public health

Print

Advisory Board Application - Submission #4487

Date Submitted: 1/9/2020

First Name*

Samantha

Last Name*

Luu

Date*

1/9/2020

Select today's date

Address1*

605 N Greensboro Street, #8

Address2

City*

Carrboro

State

NC

Zip*

27510

Is this address located within the corporate limits of the Town of Carrboro?*

Yes

Please select Yes or No.

Is this address located within the Town's ETJ, Planning Jurisdiction, or Northern Transition Area?*

No

Telephone*

3364308419

Please enter your primary contact phone number.

Email Address*

sam.luu2@gmail.com

Enter your primary email address.

The demographic information provided below is of interest because your elected officials want the Town's advisory boards to reflect the diversity of the Town. Diversity of the applicant pool is a priority of the Board.

Date of Birth*

2/2/1992

Please enter your Month/Day/Year of Birth

Race*

Asian

Please enter your race.

Sex*

F

Please enter your sex.

Occupation*

Program Development Manager

Please enter your occupation.

Are you a registered Orange County Voter?*

Yes

Please answer Yes or No

Length of Residence in Orange County*

2.5 yrs currently + 4 yrs (2010-2014)

How long have you been a resident of Orange County?

Length of Residence in the Town of Carrboro*

2.5 yrs

How long have you been a resident of the Town of Carrboro?

I wish to be considered for appointment to the following committee/board(s) (Select no more than two (2)):*

- | | |
|---|---|
| <input type="checkbox"/> Affordable Housing Advisory Commission | <input type="checkbox"/> Northern Transition Area Advisory Committee |
| <input type="checkbox"/> Animal Control Board of Appeals | <input type="checkbox"/> OWASA Board of Directors |
| <input type="checkbox"/> Appearance Commission/NPDC | <input type="checkbox"/> Planning Board |
| <input type="checkbox"/> Arts Committee | <input type="checkbox"/> Recreation and Parks Commission |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Safe Routes to School Implementation Committee |
| <input type="checkbox"/> Economic Sustainability Commission | <input type="checkbox"/> Stormwater Advisory Commission |
| <input type="checkbox"/> Environmental Advisory Board | <input type="checkbox"/> Tourism Development Authority* |
| <input checked="" type="checkbox"/> Human Services Commission | <input type="checkbox"/> Transportation Advisory Board |
| <input type="checkbox"/> Greenways Commission | |

Please note that membership is limited to one advisory board at a time. You shall not be considered for appointment to another board unless you resign before filing an application or you are in the last six months of your current term.

Other (advisory board not listed):

Please indicate by typing the advisory board that you are applying for.

Advisory Board Preference*

Human Services Commission

If you are applying for membership on more than one advisory board, please indicate your preference by typing your first choice. Please limit your selection to two boards).

***Employer/Self Employed**

UNC Gillings School of Global Public Health

Please enter your employment information. This is a requirement for application for the Tourism Development Authority.

Number of Years Employed*

1.5

Enter the number of years you have been employed at the organization listed to the left.

*** Provide examples of how you are involved in the promotion of travel and tourism in the Town of Carrboro.**

N/A

Required only for the Tourism Development Authority Application.

Community Activities/Organizational Memberships*

UNC SHAC XYZ Counselor - Provide free sexual health counseling and sexually transmitted infections testing North Carolina
Asian Americans Together - Volunteer for non-partisan Asian American Advocacy Group

Please enter the requested information.

Relevant Experience:*

Program Development Manager/Research Assistant, Peers for Progress / UNC Gillings School of Global Public Health (2018-Present) - Connect with and provide technical assistance to public health practitioners and researchers regarding peer and social support to improve health outcomes Capstone Consultant (Data Evaluation), Campus and Community Coalition to Reduce the Negative Effects of High Risk Drinking (2018-2019) - Collected and analyzed quantitative and qualitative data; Disseminated findings publicly Founder, Asian Pacific Islander Desi American Graduate Students Group (2018-2019) - Founded graduate student group which provided programming focusing on unique issues faced by Asian American graduate students at UNC Health Educator and Evaluation Co-Lead (2017-2019), UNC SHAC Classrooms to Community - Designed and taught health lessons to youth in Durham; Evaluated student and volunteer educator outcomes Senior Program Manager/Princeton in Asia Fellow, The JUMP! Foundation (2014-2016) - Designed and managed experiential education and leadership development programs for youth and educators in China, Hong Kong, and Southeast Asia; Supervised, mentored, and trained multi-national staff Education: Masters of Public Health (2019), UNC Gillings School of Global Public Health, Department of Health Behavior; Bachelor of Arts (2014), UNC Chapel Hill (2014), Department of Global Studies, Department of Anthropology

Reasons You Wish to be Appointed*

My personal and professional goals have been guided by my interest in improving health and education equity for North Carolinians. While I have been involved in such initiatives locally, many have been largely tied to the university. As a current resident of Carrboro, I'd like to serve on the Human Services Commission to gain a more complete understanding of our community's strengths and needs. I'd like to contribute my skills and understanding of how to influence health outcomes to the commission and gain skills in grant making and community-engaged decision making.

Have you ever served on any Town of Carrboro Committee or Board?*

If yes, which one(s)?

No

Are you currently serving on a Town Board or Committee?*



Yes



No

If yes, are you applying for a third consecutive term?*



Yes



No

If yes, please describe how you meet one, or more, of the following exceptions noted below. *

N/A

After completing two full terms, a member must take off one year before applying for re-appointment to the same advisory board. However, a board member may apply to serve on another advisory board if he/she desires. The Board of Aldermen may make exceptions to this rule under the following circumstances: 1. To retain diversity on an advisory board; 2. A lack of applicants.