

Print

Advisory Board Chair Report (Complete One Per Applicant) - Submission #7003

Date Submitted: 10/30/2022

Advisory Board Name:*

Appearance Commission

Chair Name*

David Markiewicz

Applicant First Name:*

Sharon

Applicant Last Name:

Riley

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 Town Council liaison.

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

If other, please explain:

9/20 7:30 Can you attend? yes

Catherine Dorando

From: noreply@civicplus.com
Sent: Thursday, July 26, 2018 10:18 PM
To: Catherine Dorando; Rebecca Buzzard; Julie Eckenrode
Subject: Online Form Submittal: Advisory Board Application

called 9/6 left message

Advisory Board Application

First Name	sharon
Last Name	reilly
Date	7/26/2018
Address1	206A Maple ave
Address2	Field not completed.
City	Carrboro
State	NC
Zip	27510
Is this address located within the corporate limits of the Town of Carrboro?	Yes
Is this address located within the Town's ETJ, Planning Jurisdiction, or Northern Transition Area?	No
Telephone	4346654949
Email Address	sharon@sharonreilly.com
Date of Birth	6/8/1956
Race	Caucasion
Sex	F
Occupation	Physician
Are you a registered	Yes

Orange County Voter?

Length of Residence in Orange County	3.5 yrs
Length of Residence in the Town of Carrboro	3.5 yrs
I wish to be considered for appointment to the following committee/board(s) (Do Not Select More Than Two):	Appearance Commission/NPDC
Other (advisory board not listed):	<i>Field not completed.</i>
Advisory Board Preference	Appearance
*Employer/Self Employed	Piedmont Health services
Number of Years Employed	3.5 yrs
* Provide examples of how you are involved in the promotion of travel and tourism in the Town of Carrboro.	<i>Field not completed.</i>
Community Activities/Organizational Memberships	Roberson Place Townhome committee
Experience to Aid You in Working on Advisory Boards	Medical Director of large program Advisory board of Commonwealth Chorale Scholarship committee for Randolph Henry School
Reasons You Wish to be Appointed	To be more involved in keeping Carrboro a vibrant, livable, walkable city
Have you ever served on any Town of Carrboro Committee or Board?	No
If yes, which one(s)?	<i>Field not completed.</i>
Are you currently serving	No

on a Town Board or
Committee?

If yes, are you applying for a third consecutive term?	No
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If yes, please describe how you meet one, or more, of the following exceptions noted below. *Members of the Board of Adjustment, Environmental Advisory Board, Human Services Advisory Commission, and Transportation Advisory Board may be reappointed to successive terms without limitation (Sections 15-29(c), 15- 45(c) 3-7(d), 3-24(c))	Na
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Email not displaying correctly? [View it in your browser.](#)

Print

Advisory Board Chair Report (Complete One Per Applicant) - Submission #7013

Date Submitted: 11/1/2022

Advisory Board Name:*

Appearance Commission

Chair Name*

David Markiewicz

Applicant First Name:*

Ana

Applicant Last Name:

Jafarinia

1. Has the applicant previously served on this or another advisory board?*



Yes



No

2. If yes, how many total years have they served?

1 on AC

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:

Ana has attended 2021 meetings of the AC. Her application was never submitted by staff to town council so we are submitting it post-involvement.

Print

Advisory Board Application - Submission #5880

Date Submitted: 10/1/2021

First Name*

Ana

Last Name*

Jafarinia

Date*

1/21/1996

Select today's date

Address1*

116 Bim Street, Apt. D

Address2

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?*

Unsure

Telephone (111)-111-1111*

9495738462

Please enter your primary contact phone number.

Email Address*

anajafa@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.

Current Age*

1/21/1996

Race*

Middle Eastern

Please enter your race.

Sex*

Female

Please enter your sex.

Ethnicity*

Iranian American

Occupation*

Graduate Student

Please enter your occupation.

Are you a registered Orange County Voter?*

Yes

Please answer Yes or No

Length of Residence in Orange County*

4 months

How long have you been a resident of Orange County?

Length of Residence in the Town of Carrboro*

4 months

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)):



Affordable Housing Advisory Commission



Appearance Commission/NPDC



Arts Committee



Board of Adjustment



Climate Action Team



Community Safety Task Force



Economic Sustainability Commission



Environmental Advisory Board



Human Services Commission



Greenways Commission



Northern Transition Area Advisory Committee



OWASA Board of Directors



Planning Board



Racial Equity Commission



Recreation and Parks Commission



Stormwater Advisory Commission



Tourism Development Authority*



Transportation Advisory Board

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.

****Employer/Self Employed**

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

Advisory Board Preference*

Please indicate your preference by typing your first choice. Please limit your selection above to two boards).

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*

I just moved to Carrboro for grad school at UNC and I want to be involved beyond just living here. I have heard that students have recently started moving more and more toward Carrboro and I hope that the student population can serve the community.

We believe as a Town and as a Town Council that racial equity and diversity and inclusion are important. Please tell us your thoughts about this and why they are important not only in advisory board/commission work but also in all facets of local government and community work.*

Prior to coming to graduate school, I was living in a town in Illinois that was predominantly white. My experience as an Iranian-American was really tough and I suffered from a great deal of loneliness. At work, I did not feel comfortable sharing my ideas because of my other-ness. Lack of diversity is harmful both to the individual and the group. Not only does a lack of representation generate discomfort and loneliness for the members of the minority, but the group misses out on hearing the valuable feedback and ideas of those individuals.

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.

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 #7012

Date Submitted: 11/1/2022

Advisory Board Name:*

Appearance Commission

Chair Name*

David Markiewicz

Applicant First Name:*

Whitney

Applicant Last Name:

Fry

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 #7011

Date Submitted: 11/1/2022

First Name*

Whitney

Last Name*

Fry

Date*

11/1/2022

Select today's date

Address1*

208 Maple Ave

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?*

Unsure

Telephone (111)-111-1111*

9199738374

Please enter your primary contact phone number.

Email Address*

whitneyfry@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.

What Year Were You Born?*

1981

Race*

White

Please enter your race.

Sex*

Female

Please enter your sex.

Ethnicity*

Caucasian

Occupation*

Public Health

Please enter your occupation.

Are you a registered Orange County Voter?*

Yes

Please answer Yes or No

Length of Residence in Orange County*

2 years

How long have you been a resident of Orange County?

Length of Residence in the Town of Carrboro*

2 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"/> | Greenways Commission |
| <input checked="" type="checkbox"/> | Appearance Commission/NPDC | <input type="checkbox"/> | Northern Transition Area Advisory Committee |
| <input type="checkbox"/> | Arts Committee | <input type="checkbox"/> | OWASA Board of Directors |
| <input type="checkbox"/> | Board of Adjustment | <input type="checkbox"/> | Planning Board |
| <input type="checkbox"/> | Climate Action Team | <input type="checkbox"/> | Racial Equity Commission |
| <input type="checkbox"/> | Community Safety Task Force | <input type="checkbox"/> | Recreation and Parks Commission |
| <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 type="checkbox"/> | Human Services Commission | <input type="checkbox"/> | Transportation Advisory Board |

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.

Advisory Board Preference*

Appearance Commission

Please indicate your preference by typing your first choice.
Please limit your selection above to two boards).

Other (advisory board not listed):

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

****Employer/Self Employed**

Iris Group, Inc.

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

Number of Years Employed

3 years

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*

I'm not yet a member of any other community organizations in Carrboro.

Please enter the requested information.

Relevant Experience:*

While I don't have relevant experience to the Appearance Commission, I have been an active member of my community in various places where I lived. I was a member of the Kilimani Project Foundation (KPF), a neighborhood member organization, while living in Nairobi, Kenya. I've served on the leadership board of my faith community for a period of 2 years, also while living in Nairobi.

Reasons You Wish to be Appointed*

I would like to be an active member of the community, contribute to the overall "feel" of Carrboro as a welcome and appealing place to visit and live, and meet other members of the community.

We believe as a Town and as a Town Council that racial equity and diversity and inclusion are important. Please tell us your thoughts about this and why they are important not only in advisory board/commission work but also in all facets of local government and community work.*

I believe strongly in the need to continually reassess power structures in society and in institutions, to ensure everyone-- regardless of background, SES, race, gender, faith, and physical ability--has equal access to services, leadership positions, decision-making opportunities, and economic and social capital. As a global health practitioner focusing on gender equality and social inclusion, I have dedicated my professional efforts to this end, as well.

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.

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.