

CITY OF SANTA CLARA

2022 APR 11 AM 8: 59

			CAR SERVICE TO THE SERVICE	
-	Commission/Committee App	plying for*		
Senior	Advisory Commission			
Person	al Information	2.分价值产品的16.		
Name*			Email*	
Rick A	ndrews			
Addres				
Street	Address			
Addres	s Line 2			
	3 LITIG Z			
City			State / Province / Region	
Santa	AND AND THE SECOND SECO		Ca	
95054	Zip Code		Usa	
	. Dl 4*		Activities to	
rimar	y Phone #*		Secondary Phone #	
Addition	nal Information	MATERIAL VIII	Tenther Letters (b)	A STATE OF THE STA
	Magazina and Angelon and A	*		
re you eligible to vote in Santa Clara?*		Are you a registered voter of Santa Clara?*		
			Yes	
Yes	ou attended a meeting of th	is Board/ Commission/	Yes	
Yes łave y Commi	ou attended a meeting of th	is Board/ Commission/	Present Employer	
Yes łave y Commi Yes		is Board/ Commission/	L 2008 100	
Yes lave y Commi Yes lob Tit	le	is Board/ Commission/	Present Employer	
Yes Have y Commi Yes Job Tit Facilitie	<b>le</b> es Manager	is Board/ Commission/	Present Employer	
Yes Have y Commi Yes Job Tit Facilitie	le	is Board/ Commission/	Present Employer	
Yes Have y Commi Yes Job Tit Facilitie Work E	<b>le</b> es Manager		Present Employer Valley Medical Center	
Yes Have y Commi Yes Job Tit Facilitie Work E	le es Manager  xperience s Government Bodies/ Electiv  Government Bodies/		Present Employer Valley Medical Center	To Date
Yes Have y Commi Yes Job Tit Facilitie Work E	le es Manager xperience s Government Bodies/ Electiv	e Offices Applicant has serve	Present Employer Valley Medical Center	To Date
Yes Have y Commi Yes Job Tit Facilitie Work E	le es Manager  xperience s Government Bodies/ Electiv Government Bodies/ Elective Offices	e Offices Applicant has serve Position/ Office Held	Present Employer Valley Medical Center	Jt.
Yes Have y Commi Yes Hob Tit Facilitie Vork E	le es Manager  xperience s Government Bodies/ Electiv    Government Bodies/    Elective Offices  Charitable Organizations to v	re Offices Applicant has serve Position/ Office Held which Applicant has belonged	Present Employer Valley Medical Center  d From Date	Jt.
Yes Have y Commi Yes Hob Tit Facilitie Vork E Previou	le es Manager  xperience s Government Bodies/ Electiv Government Bodies/ Elective Offices	e Offices Applicant has serve Position/ Office Held	Present Employer Valley Medical Center	Jt.
Yes Have y Commi Yes Job Tit Facilitie Work E Previou	le es Manager  xperience s Government Bodies/ Electiv    Government Bodies/    Elective Offices  Charitable Organizations to v	Position/ Office Held which Applicant has belonged Position Held	Present Employer Valley Medical Center  d From Date	Jt.

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1	San Jose state	Business Administration	5/23/1981			
Special awards or recognition received						
Dogg	200					

#### Reasons

Please state reasons why you want to become a member of this Board/Commission/Committee, including what specific objectives you would be working toward as a member of this advisory board:

### **Additional Information**

Any other information which you feel would be useful to the City Council in reviewing your application:

### Conflict of Interests

Are you associated with any Organization/Employment that might be deemed a conflict of interest in performing your duties if appointed to this position?

# **Abstaining from Votes**

ho Q

City policy directs all advisory body members not to vote on matters where there exists a potential conflict of interest. Would you be willing to abstain from voting if such a conflict arises?

# Signature and Acknowledgement

Signature\*

By clicking submit you are confirming that you are the person listed in this application, and that all information provided is truthful and correct. All information provided will be public information.





APR 27 2022

City Clerk's Office 5:05pm

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oard/	Commission/Committee App	lying for*		
Senior Advisory Commission			2	
erson	al Information			
lame*			Email*	
/eena	N. Sterling			
ddres	ss*			
treet /	Address			
ddres	s Line 2			
ity			State / Province / Region	
anta	Clara		CA	
ostal /	Zip Code		Country	
5051			USA	
rimar	y Phone #*		Secondary Phone #	
dditio	nal Information			
re vo	u eligible to vote in Santa C	ara?*	Are you a registered vot	ter of Santa Clara?*
Yes		Yes		
ave y	ou attended a meeting of th	is Board/ Commission/	Ducasut Employer	
Have you attended a meeting of this Board/ Commission/ Committee?* No		VMware		
ob Tif	tle .		L TURKEN	
	P Program Manager			
	Experience	NO. OF THE PARTY O	A STATE OF THE STA	
VOIK L	Aponono			
reviou	is Government Bodies/ Electiv	e Offices Applicant has serve	d	
	Government Bodies/ Elective Offices	Position/ Office Held	From Date	To Date
ivic or	Charitable Organizations to v	which Applicant has belonged	Provinces associated as the majority of the order	
N 46 85 85 95 95 95	Civic or Charitable Organization	Position Held	From Date	To Date
	Planned parenthood	volunteer	4/1/1988	4/1/2010
				1
	Amnesty International	volunteer	4/1/1979	4/1/1981
nosis	L		4/1/1979	4/1/1981
■ 0 10 L10 CH, 15	Amnesty International  Il Interests, Hobbies or Tale  ng, Writing, Gardening, Exerci	nts	4/1/1979	4/1/1981

	High School, College, Professional, Vocational School	Major Subject	Degree Dates / Anticipated Graduation			
1	Bombay University	English Literature	5/30/1975			
Special a	wards or recognition received					
None rea	ly.					
Reasons						
	ate reasons why you want to become a d be working toward as a member of thi		n/Committee, including what specific objectives			
I am impr retiremen	essed with how effective the city of San t age I want to be involved in some of th	ta Clara has been with the activition to the control of the contro	s it offers its senior citizens, and as I approach			
Additiona	l Information					
Any other information which you feel would be useful to the City Council in reviewing your application:						
Are you a	f Interests ssociated with any Organization/Employ I to this position?	ment that might be deemed a cor	flict of interest in performing your duties if			
<u> </u>						
City policy	g from Votes / directs all advisory body members not to abstain from voting if such a conflict a		ists a potential conflict of interest. Would you			
Yes						
Signature :	and Acknowledgement					
Signature	*					
Vecud	Storling					
	ubmit you are confirming that you are the pers provided will be public information.	on listed in this application, and that all	information provided is truthful and correct. All			

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