

Application for Boards/Commission

Contact Information

Name:	Katrina Randleas
Street Address:	401 SW Brent Dr
Mailing Address:	same
City/State/Zip Code:	John Day, OR 97845
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Work Phone:	541-575-1006
E-Mail Address:	katrandleas@gmail.com

Background

Years of Residence in John Day:	6
Place of Employment:	Families First Parent Resource Center
Occupation:	Program Supervisor/Parent Support
Educational Background:	B.S Child Development
	M.S Child Development: Curriculum and Inclusion with a specialty in Infant Toddler Mental Health.
Prior Civic Activities:	City of John Day Budget Committee Grant County Community Health Improvement Coalition: board chair JDCC Parks and Recreation Budget Committee

Boards/Commissions of Interest

Please check all of the following Boards/Commissions that interest you:

- **City Council**
- Budget Committee
- Planning Commission

Special Skills or Qualifications

Summarize any special training, skills or experience you may have pertinent to the Board/Commission to which you are applying.

As part of the Budget Committee, I am aware of the projects that the City of John Day is working on. The Grant County Community Health Improvement Coalition supports the mission "working together for a healthy community." I believe this aligns well with the projects of the City of John Day. Additionally, I offer community training in both Poverty Competency and Foundations of Trauma Informed Care. Those skills impact the way that I advocate for members of our community.

Motivation

Discuss your motivation for serving on this Board/Commission.

My motivation for serving as a City Councilor is based on a continued desire to have a family friendly community that I am proud to live in and have my children be a part of. I believe, "If you're not part of the solution, you're part of the problem." I would like to support the process of making John Day a thriving city.

Special Notice

Please be advised that members of the City Council and Planning Commission are required to file an annual **Statement** of **Economic Interest** with the State of Oregon. A sample reporting form is available from the Administration Office at John Day City Hall indicating the type of information you will be required to disclose if you are appointed.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	Katrina Randleas
Signature	Rath
Date	5/23/2022

Our Policy

It is the policy of the City of John Day to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. The City of John Day accepts applications from potential board/commission members throughout the year and will hold applications until vacancies exist on specific boards/commissions.

Thank you for completing this application form and for your interest in volunteering with us.

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