⊙ Yes ○ No

## **Board, Committee, and Commission Application**

| -  |                          |                   |                 |              |
|--|--------------------------|-------------------|-----------------|--------------|
| Profile  |                          |                   |                 |              |
| Lisvette   | Garcia                   |                   |                 |              |
| First Name   | Last Name                |                   |                 |              |
| <b>Preferred Pronouns</b>  |                          |                   |                 |              |
| ✓ She, her, hers   |                          |                   |                 |              |
|  |                          |                   |                 |              |
| Email Address  |                          |                   |                 |              |
| Committee Stipend   Attended   | Program - <i>Members</i> | Receive a Sti     | pend of \$40    | per Meeting  |
| Upon appointment to a program but in order to form. The W-9 form will appointment. | o receive your paymer    | nt you must con   | nplete and sul  | bmit a W-9   |
| Please enter your addr   | ess below.               |                   |                 |              |
| Many, but not all, of ou<br>limits of Hyattsville. To<br><u>Residency Map</u>      |                          |                   |                 |              |
| Committees that acceptincorporated City limits                                     |                          | dividuals residir | ng outside of t | the          |
| <ul><li>Audit Committee (a n<br/>the City)</li><li>Education Advisory C</li></ul>  |                          |                   |                 |              |
| be residents of the City   |                          |                   |                 |              |
| - Educational Facilities   | · •                      | •                 |                 | ent)         |
| - Race and Equity Task   | Force (up to one-non     | City resident ap  | opointment)     |              |
|  |                          |                   |                 |              |
| Street Address   |                          |                   | Suite or Apt    |              |
|  |                          |                   |                 |              |
| City   |                          |                   | State           | Postal Code  |
| •  |                          | _                 | State           | . ostar odac |
| Which Boards would   | you like to apply fo     | or?               |                 |              |
| Education Advisory Com<br>Health, Wellness and Re                                  |                          | nittee: Reapplyir | ng              |              |
| Do you currently ser appointment?  | ve on this committe      | ee and are app    | olying for re   |              |

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If you selected more than one Board/Committee of interest, please indicate your first choice below.

My first choice is the Health, Wellness and Recreation Advisory Committee.

To find your City Ward, click on this link! City Residency Map

Please select your ward from the drop down list below. \*

Ward 1

Primary Phone

Referred By:

Please provide a brief background statement including why you want to serve on the committee/s for which you are applying. This statement may be posted on the City's website.

I want to serve on the Education Advisory Committee and/or the Health, Wellness and Recreation Advisory Committee because I am passionate about educational and health equity and I want to get involved in my city. Education and health are deeply interconnected. Communities thrive when their members are healthy and well. As stated by the United Nations Educational, Scientific and Cultural Organization (UNESCO), "a good quality education is the foundation of health and well-being." I strongly believe in the transformative power of education and I am committed to ensuring that underrepresented communities have access to the quality education, health and opportunities they deserve.

Please describe your experience with government, business, municipal finance or accounting, including an understanding of generally accepted accounting principles (GAP) and financial statements, auditing, or analyzing financial statements, and experience with internal accounting controls.

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