

**CITY OF SAN PABLO**  
 VOLUNTEER APPLICATION  
 POSITION SOUGHT: CITIZENS OVERSIGHT COMMITTEE



ALL APPLICANTS MUST BE SAN PABLO RESIDENTS OR REPRESENTATIVES OF SAN PABLO BUSINESSES.

*"Please note that this form is a public record that may be subject to disclosure upon request."*

Applications must be returned by <b>Monday, June 22, 2020 @ 6:00 pm</b> ***Open until filled*** Via email preferred: CityClerk@SanPabloCA.gov	City Clerk's Office 13831 San Pablo Avenue, Building #1 San Pablo, CA 94806
--	---

Name: DOROTHY GAUTT Home Phone: [REDACTED]

Home Address: [REDACTED] Years resided at address: 10 YRS

Have you lived at any other address in San Pablo: ☐ Yes ☒ No

If yes, give previous address: \_\_\_\_\_

Employer: RETIRED

Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ How Long: \_\_\_\_\_

Education (Highest Grade Completed): \_\_\_\_\_

Licenses or special certificates held: \_\_\_\_\_

Name, location of Colleges/Universities Attended	Major	Degree	Last Year Attended
FOOTHILL - LOS ANGELES HILLS	AA		
SANTA CLARA UNIV.	Gen. Ed	- 1 YR	
SAN JOSE STATE UNIV.	Gen Ed	- 1 YR	

Have you ever been convicted of any crime or violation of any law or statute other than minor traffic violations?

Yes ☐ No ☒ (If yes, please attach a separate sheet of explanation.)

Prior or Current Civic Experience (Include Membership in Professional, charitable or community organizations)	Office Held (if any)	Dates of Membership
Planning Commission - SAN PABLO	Vice Chair	Current
Advisory Board - Senior Center	CHAIR	Current
Committee on Aging - SAN PABLO	CHAIR	Current
Bingo Programs - Senior Center	Manager	Current

I declare under penalty of perjury that all statements in this application and the attached responses are true and complete to the best of my knowledge and belief.

Date: 6.18.20

[Signature]  
 Signature of Applicant



CITY OF SAN PABLO  
City of New Directions

## CITIZENS OVERSIGHT COMMITTEE – MEASURE Q SUPPLEMENTAL QUESTIONNAIRE

Please answer the following questions about your background and qualifications for membership on the Citizens Oversight Committee. Answer the questions in the space provided. Please write legibly.

NAME: DOROTHY GANTT

ADDRESS: [REDACTED] San Pablo

HOME PHONE: [REDACTED] WORK PHONE: [REDACTED]

EMAIL ADDRESS: [REDACTED] @ gmail.com

1. Describe your work history (both inside and outside the home), your education and community activities which you believe are relevant to the purpose of the Citizens Oversight Committee. (Your experience does not have to be only in San Pablo.)

See attached

2. What type of community volunteer work, if any, are you affiliated with?

City of San Pablo - Planning  
Commissioner - Vice Chair  
City of San Pablo - Committee  
on Aging - Chair

3. Describe your experience or background in administering or managing budgets or financial matters.

Senior Center - Responsible for  
overseeing development of new  
programs which includes  
budgeting, income and  
expenses for each program  
offered.

4. What is your experience in the following areas:

a) Reviewing budgets, financial statements and/or financial audits:

monthly review of Senior Center  
Committee on Aging and Bingo budgets

b) Preparation and/or review of revenue and expenditure reports:

all budgets include income  
and expenses that occur monthly

5. How many hours per month are you willing to contribute towards your involvement on this Committee?

I am willing to commit whatever  
hours are needed

6. Why do you want to be a member of this Committee?

It presents an opportunity to  
get further involved in the  
community I live in.

7. What do you feel are the three (3) major issues facing the City of San Pablo today? Prioritize and explain why you think they are important.

a) Senior Housing - being on a  
fixed income makes it difficult

b) \_\_\_\_\_

c) \_\_\_\_\_

# Citizens Oversight Committee

Dorothy Gantt

- ① A. Sole biller for Cardiac Cath and Interventional Radiology Labs @ Stanford Univ. Hospital. Responsible for millions second only to Operating Rooms.
- B. Office Manager for doctors office; Responsible for staffing; Patient Care; billing; paying bills and budgeting.

8. What do you feel are the two most important talents or abilities you would bring to the Citizens Oversight Committee if you are appointed? Explain.

a) Detail oriented

b) Open minded to new ideas

c) Willing to work hard for betterment of the community

9. What do you believe is the role of the Citizens Oversight Committee?

Approving projects and overseeing income and expenses

\*\*\*OPEN UNTIL FILLED\*\*\*

Return completed Volunteer Application and Supplemental Questionnaire via email preferred @ CityClerk@SanPabloCA.gov

Lehny M. Corbin, Deputy City Clerk  
LaTanya Fisher, Acting Deputy City Clerk  
City of San Pablo  
13831 San Pablo Avenue  
Building #1  
San Pablo, CA 94806  
510.215.3000