

City of Reno Board or Commission Membership Application

PLEASE BE ADVISED THAT ALL INFORMATION COLLECTED IN THIS APPLICATION IS PART OF THE CITY OF RENO'S PUBLIC RECORD AND IS, UPON REQUEST, AVAILABLE FOR PUBLIC REVIEW.

These positions are limited, in most cases, to residents of the City of Reno. The City Council endeavors to appoint persons who represent all of the various communities within the City of Reno. Please be advised that certain boards and commissions may have professional qualification requirements or require filing of financial statements with the Secretary of State. Contact the City Clerk's office at 775-334-2030 with any questions.

Contact Information

| | | | |
|--|---|--|-----------------------|
| First Name (Required) * COREY | Middle Name/Initial | Last Name (Required) * FREDERICKS | |
| Nick Name/Preferred Name | Email Address (Required) * COREY_FREDERICKS@YAHOO.COM | Phone Number (Required) * 7757507547 | |
| Home Address (No PO Box) (Required) * 725 Reeves Ave | City (Required) * Reno | Zip Code (Required) * 89503 | Ward WARD 5 |
| Business Address | City Reno | Zip Code 89503 | Ward |

I agree to inform the Reno City Clerk's Office of any contact or address changes.

☒ **I Agree (Required) ***

Is this a new application, an application for reappointment, or an amendment to an existing application? (Required)

*

- ☒ New Application
- ☐ Reappointment
- ☐ Amendment

Name of Board or Commission for which you would like to apply: (Required)

*

Ward 5 Neighborhood Advisory Board

Explain briefly why you would like to be appointed to this board or commission.

To be more involved in my community and make a difference in my area. I'd like to know and have a voice with community proposals and see why and how these decisions are made.

Relevant Education or Training

LCSW/social worker, activist

Are you currently registered to vote in the City of Reno?

☒ Yes

☐ No

Are you 18 or over?

☒ Yes

☐ No

Demographic Information

Please select the gender with which you most identify

Please select your age group

Please select the sexual orientation with which you most identify

Military Status

Please select the statement with which you most identify

Please select the categories with which you most identify (check all that apply)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino/a/x/e

☐ Native Hawaiian or Other Pacific Islander

☐ North African

☐ Middle Eastern

☐ White

☐ My race or ethnicity is not listed

☐ (please tell us more if that feels right for you)*

☐ Prefer not to disclose

I certify that, to the best of my knowledge, the information I provided in the application is true. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal. If appointed, I agree to attend a board or commission orientation session, if applicable, within six months of my appointment. I understand that failure to comply with this requirement will result in automatic removal from the board or commission.

☒ I Agree *

WAIVER OF NOTICE REQUIRED UNDER NRS 241.033(1) TO ALLOW CITY COUNCIL TO CONSIDER CHARACTER, MISCONDUCT, OR COMPETENCE OF PERSON TO BE APPOINTED TO A BOARD, COMMISSION, OR OTHER PUBLIC BODY FOR THE CITY OF RENO

The City Council for the City of Reno will be considering on a future posted agenda your appointment to a board, commission or other public body for the City of Reno. Pursuant to NRS 241.033(1), in order to consider the professional competence of an applicant, notice need be provided to that person of the time and place of the meeting in compliance with such statutory provisions. By signing below, it is confirmed that I have been provided notice of the meeting at which my appointment will be considered by City Council. Further, I knowingly and voluntarily am waiving my rights to all written notice requirements under NRS 241.033(1) pertaining to my qualifications, competence, and character to hold this appointment and consent to the evaluation of my character and competence by the Reno City Council in a public meeting. Further, the undersigned acknowledges that he may at any time withdraw both this waiver and related application for appointment.


Printed Name of Applicant: *

Corey Fredericks

Today's Date *

01/31/2025

Signature of Applicant: *



Attach Resume (0)

Document Name

Attachment Type