

AREA COMMISSION APPOINTMENT FORM

The Department of Neighborhoods maintains the database for the Area Commission members in the City of Columbus. The information on this form is used to process the Mayor's appointment and ensure timely and accurate distribution of meeting notices, training opportunities, and other City activities. **Please complete all sections of the form with information about your recently elected/appointed commissioner within seven (7) days of the election/appointment. After completing and signing this form, please return it, along with the appointees resume and/or biography to your Neighborhood Liaison via email. Please contact your Neighborhood Liaison with any questions or comments.**

Please Type

Area Commission Name	South Linden Area Commission	
Please check appropriate box	New appointment <input checked="" type="checkbox"/> Reappointment <input type="checkbox"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name	Kevin	
Last Name	Wade	
Title (i.e. officer / commissioner)	Commissioner	
Address	1202 Cleveland Avenue	
City	Columbus	
State	Ohio	
Zip Code	43211	
Home Telephone	614-984-7575	
Work Telephone		
Email Address	slac.kwade@gmail.com	
District/Designation	District 5/Business Owner	
Term Start Date	10/19/2021	
Term Expiration	12/31/2022	
Seat Succession	Unexpired term of Sundi Corner	

Area Commission Chair Signature 

*****ALL SECTIONS OF THIS FORM MUST BE COMPLETED*****

DISCLAIMER: all information and materials that you submit in support of your appointment as an area commissioner are subject to Ohio Public Records Law

District 5
Team

Application Date: _____ SLAC Receipt Date: _____ SLAC Review Date: _____

III. Community Involvement

Please list two community organizations in which you participate or volunteer (Past or present). Briefly state your role within the organization(s), purpose of the organization(s), and the start and/or end dates of your involvement. For example: Boy or Girl Scouts Troop Leader 1998-2000; Big Brothers/Big Sisters Mentor 2000-2004; St. Augustine Church Sunday School Teacher 2005-present. If you have never been involved in an organization, simply indicate "NA".

<u>Mifflin Youth Organization</u>	<u>Heart of Job Foundation</u>
Organization One	Organization Two
<u>Youth Mentoring</u>	<u>Educational/Career Paths</u>
Purpose of Organization	Purpose of Organization
<u>95-97 97-2000</u>	<u>2001</u>
Years of Involvement	Years of Involvement
<u>Coach/Mentor</u>	<u>Vice President Director of Operations</u>
Your Role	Your Role

Personal References

Please list two (2) people who know you, your character, and commitment to the greater Linden Community and who would be willing to act as a reference if contacted by the South Linden Area Commission.

<u>Garland Williams</u>	<u>Monique McCoy</u>
Name One	Name Two
<u>614-598-3609</u>	<u>614-966-0093</u>
Telephone Number	Telephone Number
<u>Friend</u>	<u>Friend</u>
Relationship To You	Relationship To You
<u>over 40 yrs</u>	<u>over 40 yrs</u>
How Long Has This Person Known You?	How Long Has This Person Known You?

South Linden Area Commission
Application and Biographical Sketch

Application Date:

SLAC Receipt Date:

SLAC Review Date:

I. Personal Information

Your Name Kevin Wade Your Birth Date 4/29/66
Street Address 1202 Cleveland Ave
Columbus City OH 43211
Home Telephone Number N/A Cell Phone Number 614-984-7575
Preferred eMail Address KevinWade

Communication Preference(s):

Personal eMail Text Call Mail Fax

II. Education Information

Highest Degree You Have Earned High School Diploma High School Attended Mifflin Sr. High
College(s) Attended West Liberty State University
Certifications and/or Special Skills Risk Management Real Estate finance

What Has Been Your Best Learning Experience and What Made It A Good Learning Experience?

Best learning experience is when I started working with kids and how satisfying it is to be able to give back to your community and put smiles on the kids face because they see that you care.