



## Department of Civil Rights

Lucia Nufiez, Director  
Ariel Hicklin Ford, Division Manager

**Equal Opportunities Division**  
210 Martin Luther King, Jr. Boulevard Room 500  
Madison, Wisconsin 53703-3346  
PH 608 266 4910  
FAX 608 266 6514  
TTY/Textnet 866 704 2314  
[www.cityofmadison.com/eoc](http://www.cityofmadison.com/eoc)

### EOC Committee Membership Application

Individuals interested in becoming a member of a Committee of the Madison Equal Opportunities Commission are required to complete this application, attach their resume and submit the form to the Commission for its consideration.

Rule 1.5 of the Commission requires that committee membership "be representative of advocacy groups, residents, protected classes as contained in the [Equal Opportunities] Ordinance, private sector representatives and social service agencies as may have concern with the subject matter of the committee, and shall be committed to the principle of equal opportunities."

Section 3.27 Madison General Ordinance requires that EOC Employment Committee members be a city residents or a representative of company located within the City of Madison.

This application has been formulated to assure diversity on the MEOC's committees as well as to determine that applicants meet eligibility requirements.

Please fill in the application and forward it to:

Annie Weatherby-Flowers, Education/Outreach Coordinator  
Madison Equal Opportunities Commission  
210 Martin Luther King, Jr. Blvd., Room 523  
Madison, WI 53703

Date 04/22/2010 Madison Ald. Dist. 1B Ward 23

Name VERNON E. BLACKWELL

Home Address 4209 BARNETT STREET  
MADISON, WI 53704

Employer URBAN LEAGUE OF GREATER MADISON

Job Title EMPLOYER DEVELOPMENT MANAGER

Address 2222 SOUTH PARK STREET  
MADISON, WI

Home Phone No. (608) 246-8379 Office Phone No. (608) 729-1233

Fax No. (608) 729-1205 Internet address VBLACKWELL@ULGM.ORG

Application for membership on

EOC Employment Committee

1. Why are you interested in serving on this Committee?

I SERVE AS THE EMPLOYER DEVELOPMENT MANAGER FOR THE URBAN LEAGUE OF GREATER MADISON. SERVING ON THE EOC COMMITTEE WOULD HELP ME BECOME EVEN MORE EFFECTIVE IN FINDING SUCCESSFUL EMPLOYMENT OPPORTUNITIES FOR THE DISADVANTAGE MADISON POPULATION WE SERVE.

2. The Rules of the EOC require that committee members have a demonstrated commitment to equal opportunities. Do you believe that you can advocate for equal protection under to ordinance for all persons without regard to sex, race, religion, color, national origin or ancestry, source of income, arrest or conviction record, less than honorable discharge from the military, physical appearance, sexual orientation, political beliefs or the fact that an individual is a student?

yes

no

3. What work experience or other experience with civic involvement (such as neighborhood associations) do you have which will be beneficial in carrying out the responsibilities of this position?

- CURRENTLY SERVES AS EMPLOYER DEVELOPMENT MANAGER FOR URBAN LEAGUE OF GREATER MADISON.
- SERVED AS CO-CHAIR ON NORTHSIDE PLANNING COUNCIL
- FORMER MEMBER OF 100 BLACK MEN OF MADISON - COCHAIR OF DANE COUNTY UNITED
- FORMER MEMBER OF NORTHSIDE PARENT TEACHER ORGANIZATION/ASSOCIATION COALITION
- SERVED AS VICE PRESIDENT OF MEADOWS ELEMENTARY SCHOOL PTO
- CURRENT MEMBER OF NORTHSIDE CHRISTIAN ASSEMBLY CHURCH
- SERVED AS PRESIDENT OF BOARD OF DIRECTORS FOR KENTON LEGAL SERVICES

4. In addition to attending committee meetings, how much additional time can you commit to work on special projects of the committee if you are appointed?

2 1/2 HOURS PER MONTH

5. Please list any addition information about yourself that you believe is relevant to the Commission's consideration of your appointment to an MEOC committee. Include any education or special training you have that you feel particularly fits you for an appointment to this position.

- KNOWLEDGEABLE IN LEE, HECHT, HARRISON (LHH) JOB SEARCH TECHNIQUES. LHH IS A NATIONAL PLACEMENT FIRM.

6. Please list any other activities or organizations in which you are involved that you believe are relevant to this appointment.

SEE # 3.

7. Equal Opportunity/Affirmative Action Data

In order to assure representation of all protected classes on MEOC committees, please indicate the protected classes of which you are a member:

Race (Please specify)

- African American
- Asian
- Hispanic
- White
- Other \_\_\_\_\_

Sex (Please specify)

- Female
- Male

Age

- 18-54
- 55+
- 

Handicap (Please specify nature of disability: \_\_\_\_\_)

Arrest or conviction record

Less than Honorable Discharge from the Military

Marital Status (Please specify)

- Single
- Married
- Divorced
- Widowed

National origin or ancestry \_\_\_\_\_

Physical appearance \_\_\_\_\_

Religion \_\_\_\_\_

Political Beliefs \_\_\_\_\_

Sexual Orientation

Source of Income

Student

8. If you are not actually a member of a protected class, but feel that you can represent that group because of your employment or community activities, please provide specifics.

NOT APPLICABLE

9. If you are disabled and require an accommodation to allow your full participation on the Committee, please describe the accommodation needed.

NOT APPLICABLE

10. Please list any additional City committees you might be interested in serving on:  
(List no more than three - please be specific) Committee Code (Office Use Only)

NONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Current Committee Service (Please list any *City of Madison* boards, committees or commissions on which you are currently serving - include ad hoc or subcommittee activities.):

Only)

NONE

Committee Code - Position (Office Use

Term Expires: \_\_\_\_\_

Term Expires: \_\_\_\_\_

Term Expires: \_\_\_\_\_

Are you a City of Madison resident?

Yes  No

Are you a registered voter?

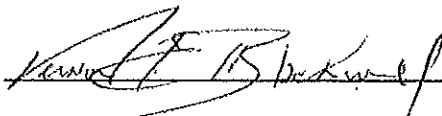
Yes  No

Do you hold an elective or appointed public position or office?

Yes  No

If yes, what position or office? \_\_\_\_\_

Signature of Applicant





## Department of Civil Rights

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### EOC Employment Committee Application Supplement Committee Member Characteristics

The EOC Employment Committee asks that you respond to a few additional questions. Your response will allow us to better utilize the skills, knowledge and background of our committee members in the work that we do with the goal of greater effectiveness and higher quality.

Have you ever served on a subcommittee of the EOC Employment Committee?

No

Yes (please list: \_\_\_\_\_)

#### Occupation/Background (please check all that apply currently or in the past)

- |   |   |
|---|---|
| <input type="checkbox"/> Manufacturing                            | <input checked="" type="checkbox"/> Banking/Accounting                                      |
| <input type="checkbox"/> Retiree                                  | <input type="checkbox"/> Engineering  |
| <input type="checkbox"/> For Profit Company (Human Resources)     | <input checked="" type="checkbox"/> Insurance   |
| <input type="checkbox"/> For Profit Company (Management)          | <input type="checkbox"/> Health Care  |
| <input checked="" type="checkbox"/> Employee Placement/Counseling | <input type="checkbox"/> Government   |
| <input checked="" type="checkbox"/> Small Business Owner          | <input type="checkbox"/> Law  |
| <input type="checkbox"/> Sales                                    | <input type="checkbox"/> Utility Company  |
| <input checked="" type="checkbox"/> Education (Youth)             | <input type="checkbox"/> Publishing/Media   |
| <input type="checkbox"/> Non-Profit/Social Services               | <input checked="" type="checkbox"/> Other (please indicate: <u>INFORMATION TECHNOLOGY</u> ) |

#### Skills/Knowledge/Interest Areas (Check all that apply, even if you are not currently, or have never been, employed in that area)

- |  |  |
|--|--|
| <input type="checkbox"/> Special Event Planning/Implementation | <input checked="" type="checkbox"/> Social Service Delivery/Management       |
| <input checked="" type="checkbox"/> Human Resources            | <input type="checkbox"/> Marketing/Advertising/Writing/Layout                |
| <input checked="" type="checkbox"/> Sales                      | <input type="checkbox"/> Quality Improvement                                 |
| <input type="checkbox"/> Teaching/Education                    | <input checked="" type="checkbox"/> Employee Training/Leadership Development |
| <input checked="" type="checkbox"/> Law/Ethics                 | <input type="checkbox"/> Business Management/Administration                  |
| <input type="checkbox"/> Accounting/Financial                  | <input type="checkbox"/> Publishing/Media                                    |
| <input type="checkbox"/> Strategic Planning                    | <input type="checkbox"/> Speaks Foreign Language                             |
| <input type="checkbox"/> Art/Design                            | <input type="checkbox"/> Sign Language Interpreter                           |
| <input checked="" type="checkbox"/> Public Speaking            | <input checked="" type="checkbox"/> Diversity Training/Awareness             |
| <input checked="" type="checkbox"/> Computers                  | <input type="checkbox"/> Engineering/Product Design                          |
| <input type="checkbox"/> Health Care                           | <input type="checkbox"/> Other (please indicate: _____)                      |



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### EOC Employment Committee Affiliate Membership Status

#### EOC Employment Committee mission statement:

To assist the Madison Equal Opportunities Commission in fulfilling its mission of enabling all individuals to live and work free of employment discrimination by acting as an advisor on fair employment issues; and by further developing and supporting the community's understanding of and commitment to fair employment and to the value of diversity in the workplace.

The Committee values and acknowledges the contributions made by those who participate in a non-voting capacity, and has thereby established guidelines for membership as an Affiliate Member.

Section 3.27 Madison General Ordinances establishes voting status for City of Madison residents and for individuals representing companies located in the City of Madison.

To become eligible as an Affiliate Member, the following criteria must be met:

1. Attend at least three (3) regular committee meetings within a twelve-month period.
2. Complete a membership application, to be submitted for approval to the EOC Employment Committee and the Equal Opportunities Commission.

All Committee members are expected to attend meetings and actively participate in Committee discussions and on subcommittees.



CITY OF MADISON

STATEMENT OF INTERESTS

COMPLETE AND RETURN THIS FORM TO:

CITY OF MADISON  
 City Clerk's Office  
 210 Martin Luther King, Jr. Blvd., Rm. 103  
 Madison, WI 53703

All elected and appointed officials and employees of the City of Madison are expected to carry out their duties in the best interests of the City. The following Statement of Interests is intended to provide information that will identify potential conflicts of interest with those duties. Serving as Officers or Directors on the Board(s) of organizations, as well as certain financial information, may indicate the possibility of a conflict of interest. Notwithstanding this disclosure, all persons holding positions with the City of Madison have the continuing responsibility to avoid conflicts of interest as they carry out their responsibilities. See Madison General Ordinance 3.47(5)(f) "Standards of Conduct" for additional information on disclosure and disqualification. United States Citizenship Required Unless Waived by the Mayor - § 3.27 Madison General Ordinances.

- The filing of this statement is required by section 3.47(9) of the Madison General Ordinances.
- The attached list itemizes by whom disclosure is required by MGO 3.47 (9)(b). Everyone on the attached list must file, however, this list is not all inclusive. In addition, those who perform the duties described in MGO 3.47 (9)(b)(5) are required to file, even though their classifications may not appear on the attached list. (MGO 3.47 (9)(b) is cited in its entirety on the attachment.)
- Everyone required to file must respond to ALL of the items, except as indicated below.

1.

|   |  |
|---|--|
| NAME<br>VERNON E. BLACKWELL   |  |
| ADDRESS<br>4209 BARNETT STREET  |  |
| CITY/STATE/ZIP<br>MADISON WI 53704  | TELEPHONE (608) 338-5696<br>(608) 246-8379 |
| OFFICE/COMMITTEE POSITION HELD OR SOUGHT<br>EDC EMPLOYMENT COMMITTEE      |  |
| CITY EMPLOYEE CLASSIFICATION OR JOB TITLE<br>EMPLOYER DEVELOPMENT MANAGER |  |

2.

|   |
|---|
| EMPLOYER'S NAME<br>URBAN LEAGUE OF GREATER MADISON              |
| EMPLOYER'S ADDRESS(S)<br>2222 SOUTH PARK STREET                 |
| POSITION(S) HELD WITH EMPLOYER(S)<br>EMPLOYER DEVELOPER MANAGER |

3. Identify every organization of which you or an adult member of your immediate family is an officer or director, or of which you or a member of your immediate family owns or controls, directly or indirectly, severally or in the aggregate, at least two percent (2%) of the outstanding equity. Membership ONLY in an organization or the identity of an organization operated to influence voting at any election need not be disclosed.

"Immediate family" means (1) An individual's spouse or designated family or registered domestic partner, or (2) an individual's relative by marriage, lineal descent or adoption who receives, directly or indirectly, more than one-half of his or her support from the individual or from whom the individual receives, directly or indirectly, more than one-half of her or his support.

"Organization" means any public or private, profit or non-profit, religious, educational, charitable or political organization or entity but does not include governmental bodies.

| ORGANIZATION | HELD BY FILER OR FAMILY MEMBER? |
|--------------|---------------------------------|
| NONE         | NONE                            |
|              |                                 |
|              |                                 |

4. Identify creditors to whom you or a member of your immediate family (as defined in Item 3, above) owes \$10,000 or more with the exceptions of mutual funds, credit card debt, student loans, health-related debt and mortgages on your principal residence or that of your immediate family.

| CREDITOR | OWED BY FILER OR FAMILY MEMBER? |
|----------|---------------------------------|
| NONE     |                                 |
|          |                                 |
|          |                                 |

5. Identify all real estate within Dane County in which you or any member of your immediate family (as defined in Item 3, above) has a direct or indirect interest, and the identity of any entity owning or controlling any real estate within Dane County in which you or any member of your immediate family has a direct or indirect interest.

| TYPE AND ADDRESS                         | OWNED AND CONTROLLED BY  | HELD BY FILER OR FAMILY MEMBER                              |
|--|--------------------------|---|
| 4209 BARNETT STREET<br>MADISON, WI 53704 | VERNON & LINDA BLACKWELL | (MORTGAGE: SUMMIT CREDIT UNION)<br>VERNON & LINDA BLACKWELL |
|  |                          |   |
|  |                          |   |

6. Persons who are incumbents only by virtue of membership on boards, commissions, ad hoc committees or sub-committees need NOT complete this Part 6.

Identify all stocks, bonds, debentures or other forms of debt obligation of any corporation or other business or entity collectively in excess of \$8,000 held by you or a member of your immediate family (as defined in Item 3, above). However, it is not necessary to disclose any amounts of mutual funds, personal checking accounts, time deposit accounts, or other savings or retirement fund accounts held by any financial institution, the United States government, any City-approved deferred compensation program, the Wisconsin Retirement Fund or any other organization maintaining such debt obligation as part of a public employee retirement fund.

| CORPORATION, BUSINESS OR ENTITY | HELD BY FILER OR FAMILY MEMBER? |
|---------------------------------|---------------------------------|
| NONE                            |                                 |
|                                 |                                 |
|                                 |                                 |

By signing this statement I declare that the foregoing information is correct and complete to the best of my knowledge as of this date.

United States Citizen?  Yes  No

|  |                    |
|--|--------------------|
| SIGNATURE<br> | DATE<br>04/22/2010 |
|--|--------------------|