



**CITY OF MOLALLA
CITY COUNCIL WORK SESSION
AGENDA**

Council Chambers | Molalla Civic Center - 315 Kennel Avenue - Molalla
Wednesday | May 22, 2024 | 6:30 PM

NOTICE: City Council will hold this meeting in-person and through video Live-Streaming on the City's Facebook Page and YouTube Channel. Work Sessions are open to the public, however, closed to Public Comment.

1. CALL TO ORDER AND ROLL CALL

2. DISCUSSION ITEMS

A. City Council Interviews – Applications for Appointment

- Keith Swigart
- Darci Lightner

3. ADJOURN



CITY OF MOLALLA

117 N. Molalla Avenue
PO Box 248
Molalla, OR 97038

Staff Report

Agenda Category: General Discussion

Agenda Date: May 22, 2024

From: Christie Teets, City Recorder
Approved by: Dan Huff, City Manager

SUBJECT: Council Appointment to remaining term of former Councilor Robles position

FISCAL IMPACT: n/a

BACKGROUND:

Councilor Robles submitted her letter of resignation to the City Manager, City Recorder, and Mayor on April 2, 2024, thereby vacating her position on Council. At the April 10, 2024 regular session, Councilors declared the vacancy open and directed staff to recruit applicants.

Applications were received from former Mayor, Keith Swigart and Planning Commissioner, Darci Lightner.

Today's Date:
4/15/2024

City of Molalla
APPLICATION FOR CITY COUNCIL APPOINTMENT

Please print or type

**Must be received in City Recorder's Office
no later than May 10, 2024 - 4:00pm**



City Council Appointment valid through December 31, 2024

PERSONAL INFORMATION:

Name Darci Lightner	Years of Residency in Molalla? 4 yrs
Street [REDACTED] Molalla, OR 97038	City/State/Zip Molalla, OR 97038
E-mail address [REDACTED]	Registered Voter? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Cell / home phone [REDACTED]

EMPLOYMENT:

Current Employer Name/Address First Student 2205 National Way, Woodburn, OR 97071		
Position Dispatch	How long? 5 yrs	Work Phone 503-982-1427
Work Experience 26 yrs of driving school bus, 10 years of being a behind the wheel state certified trainer, 9 yrs of being a <i>Third party Examiner for ORE/DMV.</i>		

EDUCATION:

Years Completed Gladstone High School	Degrees General
Colleges College of Travel and Tourism 1986 East West College of Massage 1998	
Certifications	

COMMUNITY INVOLVEMENT: *Attach additional pages if necessary.*

Describe volunteer activity within this or other communities none
Do you presently serve on a City board or committee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If yes, which board or committee?

Budget Committee, Planning Commision

In 50 words or less, explain why you desire appointment to the City Council.

I want to be a positive role model for the city of Molalla, it has taken so many great people to get us where we are today and it will take so many more to get us to where we are going.

I also want to be a part of the great team I have seen at city council, I hope I could inspire someone like that someday.

List any relevant experiences, skills, or interests that have helped to prepare you for your role on the City Council.

- *Attach a resume if desired.*
- *To access the City Council Orientation Handbook, please access the following link:
<https://www.cityofmolalla.com/cityrecorder/page/councilor-roles-responsibilities-elections>*
- *The information requested herein becomes public record upon submittal. A written request to not disclose certain information may be submitted to the City Recorder's Office for consideration.*
- *This Council seat is open until filled.*

I certify that the foregoing information is true and correct.

[Redacted Signature]

4.15.24

Signed (Applicant)

Date

For Office Use Only

Date Received: _____

Date Appointed: _____

Term assigned: _____

Residency confirmed: _____

Voter Registration confirmed: _____

Today's Date:

City of Molalla
APPLICATION FOR CITY COUNCIL APPOINTMENT
Please print or type



Must be received in City Recorder's Office *CR*
Open Position *Due to May 10th*

City Council Appointment valid through ~~December 31, 2020~~

PERSONAL INFORMATION:

Name <i>Keith Swigart</i>		Years of Residency in Molalla? <i>50 yrs</i>
Street [Redacted]	City/State/Zip <i>Molalla O.R. 97038</i>	Registered Voter? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E-mail address [Redacted]		Cell / home phone [Redacted]

EMPLOYMENT:

Current Employer Name/Address <i>Restored</i>		
Position <i>—</i>	How long? <i>—</i>	Work Phone <i>—</i>
Work Experience		

EDUCATION:

Years Completed <i>14</i>	Degrees <i>None</i>
Colleges <i>Portland Community Clackamas Community</i>	
Certifications <i>Sous Chef None</i>	

COMMUNITY INVOLVEMENT: *Attach additional pages if necessary.*

Describe volunteer activity within this or other communities

Do you presently serve on a City board or committee? Yes No

If yes, which board or committee?

In 50 words or less, explain why you desire appointment to the City Council.

I was approached by Mayor Keyser about the possibility of serving on city council for 6 months to cover Crystal Robles's seat as she had to resign. I love this community and am willing to serve where I am needed. I believe my experience in city government for 4 years will serve council and the city during this appointment well. Thank you for considering me for this position.

List any relevant experiences, skills, or interests that have helped to prepare you for your role on the City Council.

2 yrs Molalla City Council
2 yr Molalla as Molalla's Mayor
4 yrs in city government

- > Attach a resume if desired.
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- > The information requested herein becomes public record upon submittal. A written request to not disclose certain information may be submitted to the City Recorder's Office for consideration.
- > This Council seat is open until filled.

I certify that the foregoing information is true and correct.

Sig: [Redacted Signature]

Date: 4/22/24

<p>For Office Use Only</p> <p>Date Received: _____</p> <p>Date Appointed: _____</p> <p>BY:</p>	<p>RECEIVED</p> <p>APR 23 2024</p> <p>Term assigned: _____</p> <p>Residency confirmed: _____</p> <p>Voter Registration confirmed: _____</p>
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