

Volunteer Profile

Name: ARUN C. PINTO

Home Address: 303 W. ASPEN WAY Zip Code: 61614

Business Address: N/A

Home Phone: (309) 692-6107 Business Phone: (309) 657-7139

Fax: N/A Email: acpinto@comcast.net

Circle preferred method of contact: phone, mail, email, or fax.

Preference on which commission you would like to serve: PUBLIC LIBRARY BOARD

Community Volunteer Experience:
FR. SWEENEY BOARD

Have you previously served on a City Commission? Circle YES or NO
If YES, state commission and date of service: _____

Professional and Employment Background:

I AM RECENTLY RETIRED AFTER 30+ YEARS OF PRACTICE AS A PSYCHIATRIST. I CONTINUE TO WORK PART TIME AS A CONSULTANT/MEDICAL DIRECTOR AT CHILDREN'S HOME. PREVIOUSLY I SERVED AS SR. VP/MEDICAL DIRECTOR AT HUMAN SERVICE CENTER FOR 15 YRS

I AM A BOARD CERTIFIED ADULT AND CHILD AND ADOLESCENT PSYCHIATRIST

State briefly why you wish to be considered for a City Volunteer Commission and what you would hope to accomplish if appointed:

I AM LOOKING FOR WAYS TO SERVE THE COMMUNITY IN MY SEMI RETIREMENT. I WORK WELL WITH PEOPLE AND WOULD BE A DEDICATED MEMBER

Would your service on a City commission be a conflict of interest for you? Please circle YES or NO

Signature:  Date: 10.22.19

Please Note: If you are selected for appointment to a City commission, a copy of this form will be attached to the public Council Communication requesting your appointment.