

**From:** Nancy Venzon <nvenzon@yahoo.com>  
**To:** <cchamberlain@peoriagov.org>  
**CC:** <kgreen@peoriagov.org>  
**Date:** 2/8/2014 11:31 AM  
**Subject:** City of Peoria, Illinois Contact:

To: MayorsOffice

From:  
Nancy Venzon  
nvenzon@yahoo.com

Home Address  
1627 W. Christine Ave. Peoria, IL 61614

Business Name  
OSF Medical Center (semi-retired)

Business Address  
503 N.E. Glen Oak Ave.

Home Phone  
693-5555

Business Phone  
624-5681

Preferred method of contact:  
\* Home Phone  
\* Email

Preference on which commission you would like to serve:  
\* Advisory Commission on Human Resources

Community Volunteer Experience  
Social Impact Committee Universalist Unitarian Peoria Church.  
Illinois Peoples Action Org.  
Past Board Member 7 Circles Heritage Center.  
Cancer Center for Healthy Living.

Have you previously served on a city commission:  
\* No

Professional and Employment Background  
OSF Financial Analysis.  
Patient Care Representative Emergency Department OSF.  
OSF Home Health Care.  
Assistant Patient Care Manager Coronary Care Unit OSF.

Educational Background  
Registered Professional Nurse BS.

State briefly why you wish to be considered for a city volunteer commission and what you would hope to accomplish if appointed  
I have a strong background in working in and with residents in our community with a variety of needs. I have worked with immigration

issues, predatory lending, access to health care and environmental stewardship. I feel strongly in our responsibility to protect and support all of these issues. I also feel it is important to be diligent in managing financial resources when supporting these issues and to be knowledgeable of the needs of the community we serve.

Would your service on a city commission be a conflict of interest for you?;

\* No

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Coming from (referer):

<http://www.peoriagov.org/mayors-office/commission-volunteer-interest-sheet/>

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