

Seat #	Current Board Members	3-Year Term Expires June	Bargaining Unit Representative	DJJS/DFS/D CFS (Not more than 3)	General Public
1	Dr. Tiffany Tyler-Garner	6/30/2027			x
2	David Doyle	6/30/2026			x
3	Sarah Lucas	6/30/2027			x
5	Kirstin Carl	6/30/2027			x
6	Dominika Washington	6/30/2026			x
10	Christina Vela	6/30/2027			x
11	Jody Lupo-Masden	6/30/2026	x		
	Incumbents and Vacancies				
4	Patrick Schreiber	6/30/2025			x
7	Amet Landry	6/30/2025			x
8	Zachary Billot	6/30/2025			x
9	Sharifa Wahab	6/30/2025			x
	Vacancy Applicants				
	Patrick Schreiber				x
	Amet Landry				x
	Sharifa Wahab				x
	Claudia Rockmaker				x

Board, Commission or Committee
Application



General Information

Name of Board, Commission or Committee: **Juvenile Justice Services Citizens Advisory Committee**

Applicant Name: **Amet Landry**

Home Address: [REDACTED] City [REDACTED] Zip [REDACTED]

Mailing Address: same City Zip

Home Phone: NA Cell Phone: [REDACTED]

Work Phone: NA Email Address: [REDACTED]

Employer: **Southern Nevada Officials Association, National Youth Sports Occupation: Referee &**

Score/Timer, Site Director

Availability

Wednesdays

Relevant Affiliations

Please list below any other committees you are currently serving on. Please list, if applicable, the jurisdiction and the term of appointment. If you were appointed by an individual and not by a local jurisdiction please include that information.

Harbor Executive Steering Committee

Skills and Experience

Please provide a brief description of your qualifications; include any special skills, interests, experience or training which you possess that would benefit the work of this Board, Commission or Council:

As the parent of a child who has gone through the Harbor program, as well as being a citizen of the metropolitan area that is being served, I offer valuable insight into the thoughts, feelings, and motivations of the average person. I understand their concerns as well as what would be most effective in our community.

Please attach a **required** resume/letter of interest.

I certify that the information provided is true and accurate to the best of my knowledge.

Amet Landry 4/1/25
Signature Date

You may deliver this application to the Clark County Administrative Services Department, 6th Floor, Clark County Government Center, 500 South Grand Central Parkway, or mail to the following address:

Administrative Services Department – 6th Floor Attn: Agenda Coordinator

P. O. Box 551712, Las Vegas – NV 89155-1712

(This document becomes a public record once it has been received by Clark County.)

Board, Commission or Committee
Application



General Information

Name of Board, Commission or Committee: DJS Citizens Advisory Comm. Hec

Applicant Name: Patrick Schreiber

Home Address: [REDACTED] City Henderson Zip 89014

Mailing Address: _____ City _____ Zip _____

Home Phone: [REDACTED] Cell Phone: _____

Work Phone: _____ Fax: _____

Email Address: [REDACTED]

Employer: Retired Occupation: _____

Availability

Please provide the times you are available to serve on this Board/Commission/Council.

Any time

Relevant Affiliations

Please list below any other committees you are currently serving on. Please list, if applicable, the jurisdiction and the term of appointment. If you were appointed by an individual and not by a local jurisdiction please include that information.

None

Skills and Experience

Please provide a brief description of your qualifications; include any special skills, interests, experience or training which you possess that would benefit the work of this Board, Commission or Council:

I am a retired post DPD and Child Welfare worker with 41 yrs of experience.

Please attach a required resume/letter of interest.

I certify that the information provided is true and accurate to the best of my knowledge.

[Signature]
Signature

6/3/25

Date

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*Board, Commission or Committee
Application*



General Information

Name of Board, Commission or Committee: DJJS CAC

Applicant Name: Sharifa Wahab

Home Address: [REDACTED] City [REDACTED] Zip [REDACTED]

Mailing Address: _____ City _____ Zip _____

Home Phone: [REDACTED] Cell Phone: [REDACTED]

Work Phone: [REDACTED] Fax: _____

Email Address: [REDACTED]

Employer: 1st Las Vegas Health Care Occupation: Administration

Availability

Please provide the times you are available to serve on this Board/Commission/Council.

Relevant Affiliations

Please list below any other committees you are currently serving on. Please list, if applicable, the jurisdiction and the term of appointment. If you were appointed by an individual and not by a local jurisdiction please include that information.

Skills and Experience

Please provide a brief description of your qualifications; include any special skills, interests, experience or training which you possess that would benefit the work of this Board, Commission or Council:

Please attach a **required** resume/letter of interest.

I certify that the information provided is true and accurate to the best of my knowledge.

Signature

6/1/25
Date

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*Board, Commission or Committee
Application*



General Information

Name of Board, Commission or Committee: CCJJS CAC

Applicant Name: [REDACTED]

Home Address: [REDACTED] City [REDACTED]

Zip 89031 Mailing Address: same City

Zip Home Phone: [REDACTED] Cell Phone:

Work Phone: Fax:

Email Address: [REDACTED]

Employer: [REDACTED] Occupation: [REDACTED]

Availability

Please provide the times you are available to serve on this Board/Commission/Council.
Available first Wednesdays

Relevant Affiliations

Please list below any other committees you are currently serving on. Please list, if applicable, the jurisdiction and the term of appointment. If you were appointed by an individual and not by a local jurisdiction please include that information.

NA

Skills and Experience

Please provide a brief description of your qualifications; include any special skills, interests, experience or training which you possess that would benefit the work of this Board, Commission or Council:

I am a Licensed Clinical Social Worker, certified school social work specialist, certified family therapist, and Youth Mental Health First Aid Trainer.

I want to help youth succeed and stay out of the juvenile justice system. I want to see how CCSD can better partner and find solutions to assist youth find meaningful resources and career opportunities.

Please attach a **required** resume/letter of interest.

I certify that the information provided is true and accurate to the best of my knowledge.

Claudia Rockmaker 6/4/25
Signature Date

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