



**County of Monterey**  
Valerie Ralph  
CLERK OF THE BOARD  
**BOARD OF SUPERVISORS**

168 W. Alisal Street 1st Floor  
Salinas, CA 93901  
O: (831) 755-5066 Option 6  
F: (831) 755-5888  
[cob@countyofmonterey.gov](mailto:cob@countyofmonterey.gov)

# Community Action Commission Application

## Karen Belding

District: 5

Initialed Application: Yes

### Applicant

First Name: **Karen**

Middle Initial:

Last Name: **Belding**

### Employment

Occupation: **MD**

Job Title: **Pediatrician**

Employer: **Retired**

### Interests and Experiences

Able to attend meetings regularly and devote the time necessary to fulfill duties as a member?

**Yes**

Currently serving on a County of Monterey Board, Commission, Committee or other Community Advisory Group?

**No**

Has served on an advisory group before?

**Yes**

**Years ago as advisory to the board of supervisors on health/medi-cal.**

Please tell us about yourself and why you want serve:

**I am a retired pediatrician (Dr. Kamachi). When I first arrived in Salinas I served on Adolescents Caring for Themselves and an advisory board on health. That was long ago. This volunteer opportunity was suggested by Linda Coyne. I think I would be of value to this group.**

Please state the reason you would like to be a member of this board committee/commission/district:

**It was suggested by a good friend. I am interested in serving the county in any way I can.**

How did you hear about the position?:

**From Linda Coyne**

Please identify any specialized accommodations needed for equal participation:

**I have no conflicts.**