



Submitted application for

# CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

**Email \***

This Form and its contents may be subject to the California Public Records Act, and as such may therefore be subject to public disclosure unless otherwise exempt under the act.

**First Name \***

**MI**

**Last Name \***

**Address 1 \***

**City \***

**State \***

**Postal Code \***

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

**Ethnicity**

**Gender**

**What district do you live in? \***

**Primary Phone \***

**Alternate Phone \***

Please identify how you prefer to be contacted.

Are you currently serving on a County of Monterey Board, Commission, Committee or other Community Advisory Group? \*

If yes, please list

Chair for Central California Alliance for Health CANDLE collaborative WCM FAC cohort WCM

## Interests & Experiences

Please tell us about yourself and why you want serve

I have two kids, one who is neuro typical and one who is neurologically divergent. I am very passionate about speaking for those without voice when needed.

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

I serve as chair for the WCM FAC, and regularly attend and participate in Family Voices events. I see some of my peers struggle with getting access to care, I hope to continue my work with the FAC and see the other side of CCAH. I think that serving on the board can only offer positive benefits to both groups, and lead to a more professional way of leading our FAC meetings.

Have you served on an advisory group before?

Yes

How did you hear about the position?

Lilia Chagolla spoke with me about an opportunity to serve on the CCAH board.

Monterey County Policy - states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member \*

Yes

## Background Information

Upload a resume with the names, addresses, and dates of employers for the last five (5) years.

no resume uploaded

**Employer**

Salinas Union high school district

**Job Title**

Substitute teacher

**Occupation**

Substitute teacher

**Employer Address**

N/A

**Information Regarding Conflict of Interest and Filing of Statements of Economic Interests (Form 700)**

State and local law requires that you abstain from participation in decisions that may affect your financial interest, including sources of income and interest in real property or investments. In addition, if appointed you may be required to fill out a disclosure statement that identifies certain of your financial interest beginning with the immediate 12 months period prior to your appointment.

In accordance with Government Code Sections 87313 and the County of Monterey's Conflict of Interest Code, this Board/commission/Committee/District, you may be required to file statements disclosing certain types of information so that the public can be made aware of potential conflicts of interest. The types of disclosures are:

- Investments
- Interests in Real Property Held by a Business Entity or Trust
- Investments Held by a Business Entity or Trust Income (other than loans and gifts)
- Income – Travel Payments, Advances, Reimbursements
- Income gifts
- Business Positions
- Commission Income Received by Brokers, Agents, and Salespersons
- Income and Loans to a Business Entity or Trust Income from Rental Property

If you have any questions regarding disclosure requirements, please contact the Clerk of the Board's office at 831-755-5066.

Please identify any specialized accommodations needed for equal participation:

N/A

I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

**Enter Your Initials \***