



## Application

Carmel Highlands Fire Protection District Fire Board

Name of Board, Commission or Committee: \_\_\_\_\_

**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 \***

**Address 2 (optional)**

**City \***

**State \***

CA

**Postal Code \***

93923

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

Carmel Highlands/Monterey

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**

Female

**Primary Phone \***

[Redacted]

**Alternate Phone**

[Redacted]

Please identify how you prefer to be contacted.

- Please contact me by **mail**, using the address listed above
- Please contact me by **phone** using number entered above
- Please contact me by **email**

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

- Yes
- No

## Interests & Experiences

Please tell us about yourself and why you want serve.

I originally started a local group dealing with fire safety. This grew into the WUIers committee that worked with CALFIRE. We wrote and were awarded 4 grants for the District. This labor of love eventually turned into my being appointed as a CHPFD Fire Board Director.

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

As a Director on the Carmel Highlands Fire Board since 2012 I have served as President and Vice President. Currently I work with the Fuels Mitigation committee along with CAL Fire. FIRE

Have you served on an advisory group before?

Yes  No

If yes, please explain

In the past I was on several local committees - Mal Paso Creek Property Association, Carmel Riviera Mutual Water Company and the Fire Safe Council of Monterey.

How did you hear about the position?

I went to the CHPFD meetings for several years before I was asked if I wanted to be a Director.

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  No

## Background Information

Include a resume with the names, addresses, and dates of employers for the last five (5) years and a brief statement of interest/intent in this position.

**Employer** I am a retired special education teacher who taught in the Jefferson High School District.

**Job Title**

**Occupation**

**Employer Address**

**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:

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 \***