



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

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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.