

Profile

Jill

First Name

Ales

Last Name

Full/Legal Name (if different than name provided above)

Jill Annette Ales

Email Address

Primary Phone

Alternate Phone

Street Address

Suite or Apt

City

State

Postal Code

Mailing Address (if different than Street/Physical address)

Are you currently registered to vote at the Street Address you provided?

☒ Yes ☐ No

Note: If you answered "No" to the previous question and do not upload an Alternate Document Proving Mendocino County Residency or a Request for a Residency Waiver, your application will not be processed.

Upload Alternate Proof of Residency or Request for Residency Waiver

Which Boards would you like to apply for?

Policy Council on Children and Youth (PCCY): Submitted

Which position, seat, or representational category would you prefer?

SUDT seat

Availability to Attend Meetings

☒ Ukiah Only

Availability to Attend Meetings (Other)

Monday through Friday

Jill Ales

8:00 A.M. 5:00 .P.M.

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

Have worked in the substance use field for the last 24 years. Am currently certified as a CADIC II

[RESUME_OF.doc](#)

Upload a Resume

[Jill_Ales_cert.pdf](#)

Upload Additional Supporting Documents

Upload Additional Supporting Documents

Upload Additional Supporting Documents

Certification

Please read the following statements and indicate your acceptance thereof.

I hereby certify that I am a resident in the State of California, County of Mendocino and am at least 18 years of age. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and correct. I understand that assuming this public responsibility could result in public knowledge of my background and/or qualifications, including financial interests. Applications will be kept on file for one year.

☒ I Agree *