

Profile

Debra

First Name

Bryant

Last Name

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

[Redacted]

Email Address

[Redacted]

Street Address

Suite or Apt

[Redacted]

City

[Redacted]

State

[Redacted]

Postal Code

Mailing Address (if Applicable)

Voter Registration Address (if different than street address or mailing address)

Home: [Redacted]

Primary Phone

Home: [Redacted]

Alternate Phone

Which Boards would you like to apply for?

In-Home Supportive Services Advisory Council: Submitted

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

Availability to Attend Meetings

- Night Meetings
- Day Meetings
- Ukiah Only
- Other (Please Specify Below)

Other areas depending on distance and time

Availability to Attend Meetings (Other)

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

Helping people. Advocating for people. I am a retired Respiratory Therapist. I also worked as a medical technician in a couple of doctor's offices. I have an AA in Liberal Arts with the emphasis on Social Science. [REDACTED]

[REDACTED]

Upload a Resume

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 registered voter in the State of California, County of Mendocino, a citizen of the United States, and will be at least 18 years of age at the time of the next election. 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 *