Profile			
Patti First Name	Brill Last Name		
Full/Legal Name (i	if different than name pro	vided above)	
Email Address			
Primary Phone	Alternate Phone		
Storat Address		System on Arth	
Street Address		Suite or Apt	
City		State	Postal Code
Alternate Docume	ered "No" to the previous of the proving Mendocino Coup, your application will not	<u>inty Residency</u> or <u>a</u>	-
Which Boards wou	uld you like to apply for?		
In-Home Supportive S	Services Advisory Committee: S	ubmitted	
Which position, se	eat, or representational ca	tegory would you p	orefer?
I would like to be a vo	olunteer on the IHSS Advisory C	Committee	
Availability to Att	end Meetings		
✓ Night Meetings ✓ Day Meetings			
Availability to Att	end Meetings (Other)		
Any, with one week n	otice		

Submit Date: Sep 03, 2024

Patti Brill

## **Interests & Experiences**

## **Special Expertise, Experience, or Interest in This Area?**

I am a retired bookkeeper. I enjoy gardening and collecting rocks. I have been an IHSS recipient for 10 years. I do not have a resume prepared at this time, but if you would like a reference, please contact Mari Haddox at the Fort Bragg IHSS office, or at 707-962-1071

Upload a Resume	
Upload Additional Supporting Documents	
Upload Additional Supporting Documents	
Unload 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 \*