Profile			
Kerri First Name	Vau Last Name		
Full/Legal Name	(if different than name	provided above)	
Email Address			
Primary Phone			
Which Supervisor	rial district do you live i	n? *	
✓ District 1			
Street Address		Suite or Apt	
City		State	Postal Code
Mailing Address	(if different than Street	(Physical address)	
Are you currently	registered to vote at t	he Street Address you pr	ovided?
⊙ Yes ⊃ No			
Alternate Docum	ent Proving Mendocino	us question and do not u County Residency or a W plication will not be proc	<u> Iritten Letter</u>
Upload Alternate Proof of Reside for Residency Waiver	ncy or Request		
Which Boards wo	ould you like to apply for	r?	
Mental Health Treati	ment Act Citizens Oversight	Committee: Eligible	
Which position, s	eat, or representationa	l category would you pre	fer?
Board member			
Availability to At	tend Meetings		
✓ Night Meetings✓ Day Meetings✓ Ukiah Only			

Submit Date: May 29, 2025

Interests & Experiences Special Expertise, Experience, or Interest in This Area? Real Estate, Budgets Upload a Resume Upload Additional Supporting Documents Upload Additional Supporting Documents

Availability to Attend Meetings (Other)

Certification

Upload Additional Supporting Documents

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 (or reside in another County and meet the qualifications for the position) 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 *