
Profile

Townley

First Name

Saye

Last Name

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

Email Address

Primary Phone

Which Supervisorial district do you live in? *

☒ Non-Resident

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 Written Letter Requesting a Residency Waiver, your application will not be processed.

[Public Health Advisory Board Residency Waiver.pdf](#)Upload Alternate Proof of Residency or Request
for Residency Waiver

Which Boards would you like to apply for?

Public Health Advisory Board: Eligible

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

0-5 representative

Availability to Attend Meetings

☒ Day Meetings

Availability to Attend Meetings (Other)

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

Child advocacy, Birth to age 5 year old focus on child development, parenting support, trauma and resilience-informed care. Trained social worker, Chico State Part-time Faculty in Social Work Department, and community resilience model facilitator.

[Townley Saye Resume F5.ED_003_.pdf](#)

Upload a Resume

Upload Additional Supporting Documents

Upload Additional Supporting Documents

Upload Additional Supporting Documents

Question applies to Public Health Advisory Board

Membership of the PHAB shall be from among the following 16 categories. Under which category are you applying? *

☒ Advocate for the age zero to five population, or a representative of First 5 Mendocino

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 (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 *