

**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)

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## Interests & Experiences

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

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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

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Upload Additional Supporting Documents

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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? \***

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

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## Certification

**Please read the following statements and indicate your acceptance thereof.**

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**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.**

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I Agree \*