Profile				
Nicole First Name	Glentzer Last Name			
Full/Legal Name	(if different than name pro	vided abo	ove)	
Email Address				
Primary Phone Which Supervise	rial district do you live in?	*		
	——————————————————————————————————————			
✓ District 1				
Street Address			Suite or Apt	
City			State	Postal Code
•	(if different than Street/Ph	vsical add		r ostar couc
Halling Address		y sicul duc	11033/	
Are you currently	y registered to vote at the	Street Ad	dress you pr	ovided?
⊙ Yes ○ No				
Alternate Docum	vered "No" to the previous ent Proving Mendocino Co sidency Waiver, your applic	unty Resid	<u>dency</u> or <u>a W</u>	<u>ritten Letter</u>
Upload Alternate Proof of Reside for Residency Waiver	ency or Request			
Which Boards wo	ould you like to apply for?			
Public Health Adviso	ory Board: Eligible			
Which position, s	seat, or representational ca	ategory w	ould you pre	fer?
Mendocino County S	Superintendent of Schools			
Availability to At	tend Meetings			
✓ Night Meetings✓ Day Meetings				

Availability to	Attend	Meetings	(Other)
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Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

I currently sit on the Policy Council for Children and Youth. I also represent schools in Mendocino County.

Nicole Glentzer Resume	MCOE	.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? *

☑ School, School District or County Office of Education

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 *