Ben	Anderson		
First Name	Last Name		
Full/Legal Name (if	different than name provid	led above)	
Benjamin J. Anderson			
Email Address			
Primary Phone	Alternate Phone		
Street Address		Suite or Apt	
City		State	Postal Code
Mailing Address (if	different than Street/Physi	cal address)	
Note: If you answer	red "No" to the previous qu nt Proving Mendocino Count	<u>cy Residency</u> or <u>a</u>	
Note: If you answer Alternate Documen Residency Waiver, Upload Alternate Proof of Residency	nt Proving Mendocino Count your application will not be	<u>cy Residency</u> or <u>a</u>	
Note: If you answer Alternate Documen Residency Waiver, Upload Alternate Proof of Residency for Residency Waiver	nt Proving Mendocino Count your application will not be	<u>cy Residency</u> or <u>a</u>	
Note: If you answer Alternate Documen Residency Waiver, Upload Alternate Proof of Residency for Residency Waiver Which Boards woul	or Request Id you like to apply for?	<u>cy Residency</u> or <u>a</u>	
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Note: If you answer Alternate Document Residency Waiver, Upload Alternate Proof of Residency for Residency Waiver Which Boards woul First 5 Mendocino: Sub Which position, sea	or Request Id you like to apply for? In the second secon	<u>ey Residency</u> or <u>a</u>	Request for

Submit Date: Sep 04, 2024

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

Over two decades of working with children, families and adults in the mental health/behavioral health field. I am currently the director of Behavioral Health for Mendocino Community Health Centers. Prior to that I was the Executive Director of Tapestry Family Services. Multiple attempts to upload a resume failed. Please let me know if you need me to send it via a different modality.

Jpload a Resume
Jpload Additional Supporting Documents
Jpload Additional Supporting Documents
Inload 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 *