

Profile

Luresha

First Name

Renteria

Last Name

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

Email Address

Primary Phone

Which Supervisorial district do you live in? \*

☒ District 4

Street Address

City

Suite or Apt

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.**

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?

Fourth District Healthcare Rep

Availability to Attend Meetings

- ☒ Night Meetings
- ☒ Day Meetings

## Availability to Attend Meetings (Other)

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Zoom/Teams video meetings

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## Interests & Experiences

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

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I live and work in Fort Bragg and have been a resident here for nearly 40 years. I work at Mendocino Coast Clinics and have worked in collaboration with the County on many projects throughout the years.

[Lucresha Renteria Resume 4.21.21.pdf](#)

Upload a Resume

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Upload Additional Supporting Documents

[LR\\_Bio\\_2025.docx](#)

Upload Additional Supporting Documents

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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? \***

☒ Health Clinic or Other Medical Service Agency

Question applies to Public Health Advisory Board

**Seats on the PHAB include District Representatives, General Members, and a few job specific Ex-Officio seats. Which seat are you applying for? \***

☒ District 4 Representative

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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 \*