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## Profile

Lisa

First Name

Fredrickson

Last Name

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

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[Redacted]  
Email Address

[Redacted]  
Primary Phone

[Redacted]  
Alternate Phone

[Redacted]  
Street Address

[Redacted]  
City

[Redacted]  
Suite or Apt

[Redacted]  
State

[Redacted]  
Postal Code

### Mailing Address (if different than Street/Physical address)

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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 Request for a Residency Waiver, your application will not be processed.**

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Upload Alternate Proof of Residency or Request for Residency Waiver

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### Which Boards would you like to apply for?

Policy Council on Children and Youth (PCCY): Appointed

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

member

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### 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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MendocinoCounty Public Health Nurse, Senior Program Manager Home Visiting, Director Maternal Child Adolescent Health

[CV2020.docx](#)

Upload a Resume

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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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 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 \*