

Profile

Carmen

Harris

First Name

Last Name

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

Carmen Jean Harris

Email Address

Primary Phone

Which Supervisorial district do you live in? *

☒ District 2

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?

Seat

Availability to Attend Meetings

- ☒ Night Meetings
- ☒ Day Meetings

Availability to Attend Meetings (Other)

Better after 2pm but can work it out

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

I have worked in specialty mental health services for over 20 years working with moderate to severe mentally ill citizens in Mendocino County. I have helped coordinate services with all specialty mental health agencies and worked closely Adult Protective Services, Child welfare Services, LPS Public Guardian, and the Justice System with Behavioral Health Court. I currently work in an addiction clinic providing treatment to Medically Assisted Treatment patients. I am very interested in working with others to identify needs and gaps in our community. I was born and raised in Mendocino County, graduated from Ukiah High and have a Masters in Social Work. I am a Licensed Clinical Social Worker.

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? *

- ☒ Behavioral Health

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 2 Representative

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 *