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Reihl Katheryn Last Name First Name Full/Legal Name (if different than name provided above) Email Address Primary Phone Alternate Phone Street Address Suite or Apt City Mailing Address (if different than Street/Physical address) Are you currently registered to vote at the Street Address you provid ⊙ 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. Upload Alternate Proof of Residency or Request for Residency Waiver Which Boards would you like to apply for? First 5 Mendocino: Submitted Which position, seat, or representational category would you prefer? Comissioner **Availability to Attend Meetings** Night Meetings Day Meetings **Availability to Attend Meetings (Other)**

Katheryn Reihl

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

I am excited for the potential opportunity additional avenues for advocacy and involvement in community wellness initiatives with First 5 Mendocino. I am currently the MCAH Director/Perinatal Services Coordinator at Mendocino County Public Health, where I oversee Home Visiting programs, a Car Seat Safety program, a SIDS/SUID program, and Comprehensive Perinatal Services. I am an experienced Public Health Nurse, and have been managing programmatic budgets with multiple braided funding streams. I am skilled in utilization of reflective techniques to strengthen team dynamics and identify systemic inefficiencies and policy gaps, enabling the reconstruction of program structures for optimized effectiveness. I have demonstrated ability to collaborate with stakeholders to achieve program goals and enhance community engagement.

Katheryn_Reihl_Resume_Mendo Upload a Resume	ocino_First_5_2024.p	<u>odf</u>	
Upload Additional Supporting Documents			
Upload Additional Supporting Documents	-		
Upload 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 *