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**Profile**

Miriam

First Name

Mcnamara

Last Name

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

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Email Address

Primary Phone

Alternate Phone

Street Address

City

Suite or Apt

State

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?**

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☒ 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

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

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Child Care Planning Council: Submitted

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

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Member #12 Provider Representative

**Availability to Attend Meetings**

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☒ 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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I have served on the Child Care Planning Council since 2016, first as a parent/consumer representative and then as a provider representative. I have worked for NCO Head Start Child Development Program for the past 15 years in an administrative role, the last 5 of which have been as the director. I have also recently joined the Lake County Local Planning Council and have been able to share what is happening for children in our adjacent county with the Child Care Planning Council. I feel that my knowledge and experience in the area of the needs of children, families and providers in Mendocino County will continue to be a benefit to the Child Care Planning Council.

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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 \*