
Profile

Perri _____ Kaller _____
First Name Last Name

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

Email Address

Primary Phone

Alternate Phone

Street Address

Suite or Apt

City

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 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?

Behavioral Health Advisory Board: Submitted

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

Third District Representative

Availability to Attend Meetings

- Night Meetings
- Day Meetings

Availability to Attend Meetings (Other)

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

I have worked in the Behavioral Health field since 2015 across the spectrum of non-profits. I have a daughter who was in crisis in 2014 following a traumatic event and have entered the field of mental health. I have specialized in adolescents and now adults, having received training across the spectrum from boundaries, harm reduction strategies, trauma informed care approaches, motivational interviewing and solid mental health care delivery best practices to understand the care system in Mendocino County. I have had CalOES training for Victim Witness to assist with endangered youth. Through years of consistent hard work we have reduced incidents of 51-50 self harm scenarios from once to twice a year to none for the past two years with our daughter. I currently work at Adventist Howard Memorial and am a member of the COPE Scholarship Program with an Administration Track. I want to help.

[Perri Resume_2022_CLIENT_ADVOCATE.pdf](#)

Upload a Resume

[Cover letter_application.pdf](#)

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 *