### Profile

Katheryn

Reihl

# 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 <u>Alternate Document Proving Mendocino County Residency</u> or <u>a Request for a</u> <u>Residency Waiver</u>, 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: Appointed

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

Comissioner

#### **Availability to Attend Meetings**

Night MeetingsDay Meetings

**Availability to Attend Meetings (Other)** 

### **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\_Mendocino\_First\_5\_2024.pdf

Upload a Resume

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 \*