
Profile

Mills

First Name

Matheson

Last Name

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

Donald Mills Matheson

Email Address

Primary Phone

Which Supervisorial district do you live in? *

District 3

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 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?

Physician

Availability to Attend Meetings

Other (Please Specify Below)

Availability to Attend Meetings (Other)

No limits

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

Physician with 50 years of practicing family medicine in Mendocino County.

Upload a Resume

[Matheson Resignation.pdf](#)

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? *

Health Clinic or Other Medical Service Agency

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 3 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 *