



**MENDOCINO COUNTY BOARD OF SUPERVISORS
APPOINTMENT OF INTEREST APPLICATION**

Committee Name: IHSS Public Authority Date: June 1st 2016
Advisory Committee

Representational Category: Recipient Member

Name: LOUISE ANNI Osejo Phone: _____

Address (Per Voter Registration): _____

Address (Mailing): _____ E-mail: _____

Availability to Attend Meetings:

Night Meetings _____ Day Meetings Monthly

Ukiah Only _____ Other: _____

Special Expertise, Experience, or Interest in This Area:

IHSS. provider / NOW IHSS Recipient
Advocate for people with Disabilities
Seniors / caregiver alike. Helping
Providers acknowledge the needs,
and changes on IN-home Care, and they're concerns

I hereby certify that I am a registered voter in the State of California, County of Mendocino, a citizen of the United States, and will be at least 18 years of age at the time of the next election. 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.

Signature: Louise Osejo Dated: 6-1-2016

For Clerk's Use Only

Date Appointed: _____ Term: _____

Return completed application to:
The Mendocino County Clerk of the Board's Office
501 Low Gap Road, Room 1010
Ukiah, CA 95482
or Fax to: (707) 463-7237

RECEIVED
JUN - 1 2016