Submit Date: May 18, 2017

## **Profile**

Karen	Oslund		
First Name	Last Name		
Full/Legal Name (if different than name provided	above)		
Email Address			
Street Address		Suite or Apt	married of the control of the contro
City		State	Postal Code
Mailing Address (if Applica	ble)		

## Voter Registration Address (if different than street address or mailing address)



## Which Boards would you like to apply for?

Health and Human Services Agency Advisory Board

District #3, Non-Profit, Faith
Community

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

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Availability to Attend Meetings		
<ul> <li>□ Night Meetings</li> <li>□ Day Meetings</li> <li>□ Ukiah Only</li> <li>□ Other (Please Specify Below)</li> </ul>		
Availability to Attend Meetings (Other)		
Interests & Experiences	ov Intercet in This Avec 2	
Special Expertise, Experience,	or interest in This Area?	
Willits Kids Club, Willits City Counc	I (1998-2008), Willits United Methodist Church	
Upload a Resume		
Upload Additional Supporting Documents		
Upload Additional Supporting Documents		
Upload Additional Supporting Documents		

## Certification

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Please read the following statements and indicate your acceptance thereof.

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.

✓ I Agree \*

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