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## Profile

Donna

First Name

Moschetti

Last Name

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

Email Address

Street Address

Suite or Apt

City

State

Postal Code

## Mailing Address (if Applicable)

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

Primary Phone

Alternate Phone

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## Which Boards would you like to apply for?

Mental Health Treatment Act Citizens Oversight Committee: Submitted

NAMI Mendocino County  
Representative

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

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## Availability to Attend Meetings

☒ Other (Please Specify Below)

Varies depending on my days off  
and/or how busy work is

Availability to Attend Meetings (Other)

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## Interests & Experiences

### Special Expertise, Experience, or Interest in This Area?

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Family member since 2008, involved in different Mental Health organizations, Chair of NAMI Mendocino nominated by our board to represent NAMI Mendocino County.

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Upload a Resume

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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## Certification

Please read the following statements and indicate your acceptance thereof.

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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.

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☒ I Agree \*