
Profile

Carla

First Name

Kinion

Last Name

Carla Joy Kinion

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)

Home:

Primary Phone

Home:

Alternate Phone

Which Boards would you like to apply for?

Mental Health Treatment Act Citizens Oversight Committee: Submitted

1st District Rep

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

Availability to Attend Meetings

- ☒ Night Meetings
- ☒ Day Meetings
- ☒ Other (Please Specify Below)

Availability to Attend Meetings (Other)

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

See attached

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 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 *



MENDOCINO COUNTY BOARD OF SUPERVISORS
APPOINTMENT OF INTEREST APPLICATION

Committee Name: Citizen advisory Prop B Date: 1-3-18

Representational Category: Carrie Brown

Name: Carla Joy Kinion Phone _____

Address (Per Voter Registration): _____

Address (Mailing): same E-mail _____

Availability to Attend Meetings:

Night Meetings Yes Day Meetings Yes

Ukiah Only _____ Other Yes

Special Expertise, Experience, or Interest in This Area:

I have worked for Mendocino County Mental Health
for the past 33 years. I have done several
positions in our community working with the
severe mentally ill.

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: C. Joy Kinion Dated: 1-3-2018

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