
Profile

Joel

First Name

Soinila

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)

Home:

Primary Phone

Home:

Alternate Phone

Which Boards would you like to apply for?

Mental Health Treatment Act Citizens Oversight Committee: Submitted

Unspecified

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

Availability to Attend Meetings

None Selected

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

(Measure B)
Committee Name: Citizens Oversight Committee Date: 12/18/17
Representational Category: Citizen, Business Owner, Street Medicine Manager
Name: Joel Soinila Phone: 707-391-7403

Address (Per Voter Registration): _____

Address (Mailing): _____ E-mail: _____

Availability to Attend Meetings:

Night Meetings All Meetings Day Meetings All Meetings
Ukiah Only All Meetings Other All Meetings

Special Expertise, Experience, or Interest in This Area:

Mental health Financial Analyst Experience (Victor Community Support Services)
Ukiah Valley Street Medicine program manager (current)
Budget / Financial Work Exp (8 years)
Business Owner (Ukiko Properties, LLC)
Mendocino County Resident 30 years / Family has been in Mendocino for over a century.

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Signature: _____ Dated: 12/18/17

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

Profile

Shannon

First Name

Riley

Last Name

N/A

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

Email Address

Street Address

Suite or Apt

City

State

Postal Code

Mailing Address (if Applicable)

Same

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

Same

Primary Phone

Alternate Phone

Which Boards would you like to apply for?

Mental Health Treatment Act Citizens Oversight Committee: Submitted

2nd District Supervisor

Representative

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

Availability to Attend Meetings

☒ Night Meetings

☒ Day Meetings

No conflicts

Availability to Attend Meetings (Other)

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

Local Business Owner. Resident of Ukiah and concerned citizen. Representative of the City of Ukiah to the Public and various community, business and special stakeholder groups; identifies, troubleshoots, and mediates issues within these groups.

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