
Profile**Neil**

First Name

Davis

Last Name

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

Email Address**Voter Registration Address**

Street Address

Suite or Apt

State

City

Postal Code

Mailing Address (if different than Voter Registration or Street address)

Primary Phone

Alternate Phone

Which Boards would you like to apply for?

Health and Human Services Agency Advisory Board: Eligible

Community Representative

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

Availability to Attend Meetings

- ☒ Night Meetings
- ☒ Day Meetings

Availability to Attend Meetings (Other)

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

I am a registered nurse and certified public health nurse. I worked in acute care in the Emergency Department and ICU or close to 20 years. I am now working as a community health nurse in the non-profit sector with a focus on health promotion.

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 *