## Profile

Marylou First Name Leonard Last Name

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

## Email Address

## **Voter Registration Address**

Street Address	Suite or Apt	
City	State	Postal Code

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

Primary Phone	Alternate Phone		
T minary F notife			
Which Boards would you like to apply for?			
Health and Human Services Agency Advisory Board: Submitted			
Community Health or Community Representative			
Which position, seat, or representational category wou you prefer?	ld		
Availability to Attend Meetings	S		
<ul><li>Night Meetings</li><li>Day Meetings</li></ul>			

Availability to Attend Meetings (Other)

**Interests & Experiences** 

I have a broad professional and volunteer set of experiences both in Mendocino County and other communities. I have had involvement in Mendocino County in the areas of housing, homelessness, adult & aging services, healthcare delivery and health education.

MLLeonard\_Resume\_2019.pdf

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 \*