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**Profile****Raul**

First Name

**Gardea**

Last Name

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

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Email Address**Voter Registration Address**

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Street Address

City

Suite or Apt

State

Postal Code

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

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Primary Phone

Alternate Phone

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**Which Boards would you like to apply for?**

In-Home Supportive Services Advisory Council: Submitted

**Advocate**

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

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**Availability to Attend Meetings**☒ Day Meetings

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Availability to Attend Meetings (Other)

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**Interests & Experiences**

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

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I work with IHSS providers on a daily basis as their union organizer. Together we resolve workplace issues, advocate for improvements to the program and its administration, defend the IHSS program from funding cuts at the state and federal level, educate providers and clients on changes to laws and regulations that could impact services, and educate the community about this essential program to ensure that providers and clients can both live a life of dignity.

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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 \*