
Profile

Anita

First Name

West

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

Which Boards would you like to apply for?

Emergency Medical Care Committee: On Agenda

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

Base Hospital - Coastal Ambulance Provider

Availability to Attend Meetings

☒ Night Meetings☒ Day Meetings**Availability to Attend Meetings (Other)**

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

Current emergency department manager at Mendocino Coast District Hospital, previous pre-hospital liaison nurse / ER RN. Additional documentation and certifications available upon request.

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 *