

## Profile

Kelsey

First Name

Rivera

Last Name

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

[REDACTED]

Email Address

[REDACTED]

Street Address

[REDACTED]

City

[REDACTED]

Suite or Apt

[REDACTED]

State

[REDACTED]

Postal Code

## Mailing Address (if Applicable)

[REDACTED]

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

[REDACTED]

[REDACTED]

Primary Phone

[REDACTED]

Alternate Phone

## Which Boards would you like to apply for?

Area Agency on Aging - Governing Board

Chair

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

## 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 am currently the acting Deputy Director of Adult and Aging Services for Health and Human Services of Mendocino County. I have worked for Mendocino County 24 years. I worked as and Adult Protective Services (APS) Social Worker for 12 years and the past 3.5 years I have worked as the Senior Program Manager over all Adult and Aging Services programs.

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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 \*