Profile			
Susan Wynd	Novotny		
First Name	Last Name		
Full/Legal Name (if diff	ferent than name provided abo	ve)	
Email Address			
Voter Registration Add	dress		
Street Address		Suite or Apt	
City		State	Postal Code
Mailing Address (if diff	ferent than Voter Registration (or Street address)	
Mailing Address (if diff	ferent than Voter Registration of	or Street address)	
	Alternate Phone	or Street address)	
Primary Phone Which Boards would y	Alternate Phone		
Primary Phone Which Boards would y Health and Human Service	Alternate Phone You like to apply for?		
Primary Phone Which Boards would y Health and Human Service	Alternate Phone You like to apply for? Sees Agency Advisory Board: Eligible or representational category wo		
Which Boards would y Health and Human Service Which position, seat, c	Alternate Phone You like to apply for? Sees Agency Advisory Board: Eligible Or representational category we Community		
Which Boards would y Health and Human Service Which position, seat, of	Alternate Phone You like to apply for? Sees Agency Advisory Board: Eligible Or representational category we Community		
Which Boards would y Health and Human Service Which position, seat, of Adult System of Care or C Availability to Attend I Night Meetings	Alternate Phone You like to apply for? Sees Agency Advisory Board: Eligible or representational category we community Meetings		
Which Boards would y Health and Human Service Which position, seat, of Adult System of Care or C Availability to Attend I Night Meetings Day Meetings	Alternate Phone You like to apply for? Sees Agency Advisory Board: Eligible or representational category we community Meetings		

Interests & Experiences

Susan Wynd Novotny

Special Expertise, Experience, or Interest in This Area?

bunding Board member & Executive Director, Manzanita Services, Inc. an adult behavioral health and
ellness nonprofit serving inland Mendocino County. Governing Board Member of the Continuum of Care
r Homeless Services, member of NAMI Mendocino, Family to Family facilitator for NAMI. Committed to approving the health and safety of our community.
load 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 *