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## Profile

Michaela

First Name

Barlow

Last Name

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

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[Redacted]

Email Address

Voter Registration Address

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[Redacted]

[Redacted]

Street Address

[Redacted]

Suite or Apt

[Redacted]

City

[Redacted]

State

[Redacted]

Postal Code

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

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[Redacted]

[Redacted]

Primary Phone

[Redacted]

Alternate Phone

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Which Boards would you like to apply for?

Child Care Planning Council: Submitted

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

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#15 Public Agency Representative

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Availability to Attend Meetings

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None Selected

Availability to Attend Meetings (Other)

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[Redacted]

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## Interests & Experiences

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

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Employed with HHSA Family and Children's Services as Senior Program Specialist managing the Emergency Child Care for Foster Children Bridge Program.

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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 \*