## Profile

Sandy
First Name

O'ferrall
Last Name

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

Sandy O'Ferrall

[redacted]
Email Address

### Voter Registration Address

[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)

[redacted]

[redacted]
Primary Phone

[redacted]
Alternate Phone

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

Health and Human Services Agency Advisory Board: Eligible

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

Community Representative

### Availability to Attend Meetings

- [x] Night Meetings
- [x] Day Meetings

### Availability to Attend Meetings (Other)

## Interests & Experiences

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

Renewal of expired seat

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 *