Profile

James First Name Shaw 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? |
| Health and Human Services Agend Behavioral Health Advisory Board: | |
| Which position, seat, or repres | sentational category would you prefer? |
| BHAB: community | |
| Availability to Attend Meetings | 6 |
| Day Meetings | |
| Availability to Attend Meetings | s (Other) |
| | |
| | |
| Interests & Experiences | |

SAMHSA/FEMA Disaster Mental Health Grant administrator 2002 - 2005 for the southeast TX floods and Hurricanes Katrina and Rita. Served as an ATHOME case manager in Fort Bragg 2010. Served as chair of the Behavioral Health Advisory Board 2012

RESUME_2019.pdf

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 *