Profile

Julia First Name Eagles

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?		
Behavioral Health Advisory Board	: For Review		
Which position, seat, or representational category would you prefer?			
Available seat			
Availability to Attend Meetings	s		
Night Meetings			
Day MeetingsOther (Please Specify Below)			
Availability to Attend Meetings	s (Other)		
Saturdays			
Scheduled afternoons			

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

MBA Healthcare Administration and Policy, BA Public Policy, BSc Emergency Medicine, Acute Psych intake Mental Health Technician (five years), Paramedicin a Level 2 Emergency Department supervisor (two years), Program San Francisco Department of Public Health, HIV testing and CDC linkage to care. Assessed Sexually transmitted disease (Std) Risk and Community healthcare at San Francisco General Hospital Acute Care with community clinic outreach and anonymous partner notification and HIV testing licensing. Psychiatric Services support and care management for Mendocino County (two years) at risk populations for homelessness and comorbidity services. Volunteer Healthcare for the Homeless Psychiatric Services stabilization of mentally ill with co-morbidity 15 years experience in San Francisco, Albuquerque NM, New York, NY.

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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 *