Profile			
Roseanne First Name			
	ent than name provided abo	ve)	
Email Address			
Voter Registration Address	ss		
Street Address		Suite or Apt	
City		State	Postal Code
	ent than Voter Registration (		
Primary Phone	Alternate Phone		
Which Boards would you	like to apply for?		
Health and Human Services	Agency Advisory Board: Submi	tted	
Which position, seat, or re	epresentational category we	ould you prefer?	
Community Representative			
Availability to Attend Mee	etings		
□ Day Meetings			
Availability to Attend Mee	etings (Other)		

Interests & Experiences

Roseanne Ibarra Page 1 of 2

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

In my current role, Director of Community Integration for Adventist Health, I represent all three hospitals in Mendocino County. I am responsible for overseeing the community benefit investments of Adventist Health in Mendocino County and for the development of community health improvement strategies. Additionally, I am a founding member of the Mendocino Latinx Alliance, a group of community members that provides a platform for that Latinx voice on issues of importance to our community in Mendocino County.

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 \*

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