
Profile

Jeff

First Name

Shipp

Last Name

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

Jeffrey Sawyer Shipp

Email Address

Primary Phone

Alternate Phone

Street Address

Suite or Apt

City

State

Postal Code

Mailing Address (if different than Street/Physical address)

Are you currently registered to vote at the Street Address you provided?

☒ Yes ☐ No

Note: If you answered "No" to the previous question and do not upload an Alternate Document Proving Mendocino County Residency or a Request for a Residency Waiver, *your application will not be processed.*

Upload Alternate Proof of Residency or Request for Residency Waiver

Which Boards would you like to apply for?

Behavioral Health Advisory Board: Submitted

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

Member

Availability to Attend Meetings

- ☒ Night Meetings
☒ Day Meetings

Availability to Attend Meetings (Other)

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

I have an undergrad in mathematics, masters in Financial Engineering and long background in finance and marketing. I have an analytical mind that can help a good deal with anything revolving around a spreadsheet. I worked with Adventist Health for a few weeks in finance at the beginning of 2020 so I have a more than average knowledge of the healthcare resources in Mendocino. I am also a consumer of mental health services. I have Bipolar Disorder and am on social security disability for my mental illness. I have a very strong knowledge of all the needs mental health services consumers have.

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 *