

**Profile**

Cameron

First Name

Smith

Last Name

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

[Empty text box for Full/Legal Name]

Email Address

[Empty text box for Primary Phone]

Primary Phone

[Empty text box for Alternate Phone]

Alternate Phone

[Empty text box for Street Address]

Street Address

[Empty text box for Suite or Apt]

Suite or Apt

[Empty text box for City]

City

[Empty text box for State]

State

[Empty text box for Postal Code]

Postal Code

**Mailing Address (if different than Street/Physical address)**

[Empty text box for Mailing 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?**

In-Home Supportive Services Advisory Committee: Eligible

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

Member with experience in IHSS program administration

**Availability to Attend Meetings**

Day Meetings

**Availability to Attend Meetings (Other)**

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## Interests & Experiences

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

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I am employed by the County of Mendocino as a Social Worker Supervisor I in Social Services-Adult and Aging Services. My current position oversees the IHSS Public Authority, Quality Assurance and Program Integrity. The Public Authority is responsible for back ground checks and enrollment of prospective IHSS care providers and the provider registry, which provides lists of pre-screened workers to IHSS recipients/consumers. I have 6 years of experience working in the IHSS program as a case carrying social worker prior to my current role and am familiar with IHSS program regulations.

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Upload a Resume

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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## Certification

**Please read the following statements and indicate your acceptance thereof.**

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**I hereby certify that I am a resident in the State of California, County of Mendocino and am at least 18 years of age. 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.**

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I Agree \*