



## **Planning Committee**

### **Membership Application**

Interested persons are hereby notified that there are currently several vacancies on the District's Planning Committee.

The District Planning Committee, established by the District's Bylaws, advises the MCHCD Board. It includes two Board members and up to six district residents. The Board Chair serves as the committee chair, with a second Board member appointed annually in January. All committee members are bound to the public meeting requirements of the Ralph M Brown Act. Resident members serve two-year volunteer terms without compensation, and all public member appointments require MCHCD Board approval. The committee meets at least quarterly and reports to the MCHCD Board.

The purpose of the Planning Committee includes but is not limited to:

- Developing a plan and performing oversight for projects authorized by the Board;
- Developing a plan and performing oversight for ongoing facilities maintenance and a five-year facilities improvement plan;
- Recommending community members as appropriate for Board appointment to the Planning Committee.

If interested in serving on the Measure C Oversight Committee please submit your complete application to the District Office by mail or email:

Mail to:  
MCHCD - Kathy Wylie  
PO BOX 579  
Fort Bragg, CA 95437-0579

Email: [info@mendocinochcd.gov](mailto:info@mendocinochcd.gov)

Message Phone: 707 962-3175

Applications are available on the district website:  
<https://MendocinoChCd.gov>



Applications will be accepted until 5pm on \_\_\_\_\_, 2025

**Please print clearly.**

Name: \_\_\_\_\_

Organization Name (if any): \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_  
Street city Zip code

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

Are you an employee of Adventist Health?  Yes  No

How long have you been a resident in the District? \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

Are you 18 or older?  Yes  No

What is your daytime/evening availability to attend meetings?

\_\_\_\_\_

## **Volunteer Acknowledgement**

By signing below, I hereby acknowledge and understand that the position for which I am applying is a volunteer position and that, if appointed, I will not be entitled to compensation or employee benefits.

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_



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1. Briefly describe your interest in serving on the MCHCD Planning Committee.

2. List and briefly describe any participation in volunteer, community or professional organizations relevant to your candidacy for the Planning Committee:

3. I have sufficient time to devote to this responsibility and will attend the required meetings if appointed to the Planning Committee:

Yes    No



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4. What is your experience with preparing and/or reviewing budgets?

5. What other information about you is important in review of your application?

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach any additional information you wish to be considered in review of your application.

