

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

Message Phone: 707 962-3175

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



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 Hea How long have you been a resident in t		No	
What is your current occupation?			
Are you 18 or older? 🔲 Yes 🛛 🔲 No			
What is your daytime/evening availab	ility to attend me	eetings?	

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:

MENDOCINO COAST HEALTH CARE DISTRICT * PO BOX 579 * Fort Bragg, CA * 95437-0579 Email: <u>info@mendocinochcd.gov</u> * Phone: (707) 962-3175 <u>http://MendocinoChCd.gov/</u>

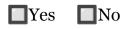


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1. Briefly describe your interest in serving on the MCHCD Planning Committee.

2. List and briefly describe any participation in volunteer, community of 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:



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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.

