COUNTY OF HUMBOLDT

825 FIFTH STREET
EUREKA, CALIF. 95501-1153

PHONE (707) 476-2384; 445-7299 (FAX)

RECEIVED

MAY 2 4 2021

BOARD OF SUPERVISORS

APPLICATION TO SERVE ON THE HUMBOLDT COUNTY

FIRST FIVE HUMBOLDT COMMISSION

APPLICANT NAME: ___Stephanie Weldon_____

MAILING ADDRESS: ___███████████_____

_ McKinleyville, CA _____

TELEPHONE: Home: ___███████████___ Work: _____ Fax: _____

E-MAIL ADDRESS: _____s.weldon007@gmail.com_____

OCCUPATION: <u>Consultant- for California Department of Social Services ICWA /Tribal Specialist</u>
PERSONAL REFERENCES:
   (1) _____Phoebe Celliti _____ PHONE: _███████_____
   (2) ____Genva Shaw_____ PHONE: _███████_____

PRIOR ADVISORY BOARD OR BOARD OF DIRECTORS EXPERIENCE?_____NO __X_____YES

PLEASE WRITE A BRIEF STATEMENT DESCRIBING WHY YOU'RE INTERESTED IN SERVING ON
THE **FIRST FIVE HUMBOLT COMMISSION**.

I would like to serve on the Frist Five Humboldt Commission to provide contributions and build upon
local efforts to meet the needs children and families in Humboldt County. Prevention along with equity
and inclusion of Native American communities are areas that are important ares. I am a Yurok Tribal
member, social work/policy professional, and parent of six children. I can share Tribal worldview along
with my professional work experience in child welfare and social services. It is important to provide more
outreach and inclusion of Native American communities and Tribal Nations as well as other populations
that are often not included and misunderstood. There is a lot of work to do address and attend the ACES
many of our families and communities are faced with. I would like to be part of the commission to work
with communities to improve well being for early child development in all of our communities.

PLEASE ATTACH A CURRENT RESUME.

DATE: __5/20/21__ SIGNATURE: _[signature]_____

I declare under penalty of perjury under the laws of the State of California that the above is true and
correct

SUBMIT THIS APPLICATION TO:
HUMBOLDT COUNTY FIRST FIVE HUMBOLDT COMMISSION, Clerk of the Board, 825 Fifth Street, Suite 111,
Eureka, CA 95501-1153.

DATE TO SUPERVISOR _____ DATE APPROVED _____ NOT APPROVED _____