

#### **APPLICATION FOR APPOINTMENT**

Residence Address (If different from mailing address)  Name of Business, Agency, or Tribe  College of the Redwoods  Business Address  525 D Street  Business Phone  707-476-4503  Please provide three references (name, phone # and e-mail)  1. Dr. Keith Flamer  2. Kerry Mayer  3. Dr. Crystal Morse  Please indicate which industry you represent.  PRIVATE INDUSTRY (please specify which sector you represent)  PRIVATE INDUSTRY (please specify which sector you represent)  Business Fax    Diversified Health Care   Specialty Food, Flowers, and Beverages   Investment Support Services   Niche Manufacturing   Forest Products   Tourism   Touri	Applicant Name (Last, First, and Middle Initial)	Home Telephone	E-Mail Address	
Residence Address (if different from mailing address)  Name of Business, Agency, or Tribe  College of the Redwoods  Business Address  525 D Street  City  State  Zip  City  State  Zip  State  CA  9550  Business Phone  707-476-4503  Please provide three references (name, phone # and e-mail)  1. Dr. Keilth Flamer  2. Kerry Mayer  3. Dr. Crystal Morse  Please Indicate which industry you represent.  PRIVATE INDUSTRY (please specify which sector you represent)  Diversified Health Care  Business Pax  Specialty Food, Flowers, and Beverages  Niche Manufacturing  Tourism  PUBLIC INDUSTRY (please specify which sector you represent)  Wagner-Peyser  Board of Supervisors Representative  Assembly/State Representative  Assembly/State Representative  Business Fax  Specialty Food, Flowers, and Beverages  Investment Support Services  Niche Manufacturing  Tourism  PUBLIC Economic Development Agency  Vocational Rehabilitation  Labor Union  Education (specify)  Adult  K-12  Higher Education  Community Based Organization (specify)  Native American employment development  Childcare	Cavanaugh, Amber M			
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Name of Business, Agency, or Tribe  College of the Redwoods  Business Address  525 D Street  State  TO7-476-4503  Please provide three references (name, phone # and e-mail)  1. Dr. Kellth Flamer  2. Kerry Mayer  3. Dr. Crystal Morae  Please indicate which industry you represent.  PRIVATE INDUSTRY (please specify which sector you represent)  Diversified Health Care Building and Systems Construction Management and Innovation Services Porest Products Other:  PUBLIC INDUSTRY (please specify which sector you represent)  Wagner-Peyser Board of Supervisors Representative Assembly/State Representative Education (specify) Adult  K-12  Higher Education  Community Based Organization (specify) Native American employment development  Childcare		Eureka	a  CA	9550
College of the Redwoods    State   State   State   City   CA   Possible   CA	Residence Address (if different from mailing address)	City	State	Zip
College of the Redwoods    State   State   State   City   CA   Possible   CA				
State   Stat	Name of Business, Agency, or Tribe	Occupation/Title		<del></del>
Susiness Phone   TO7-476-4503   Business Fax	College of the Redwoods	interim Director,	Adult & Commun	ity Educat
Please provide three references (name, phone # and e-mail)  1. Dr. Keith Flamer  2. Kerry Mayer  3. Dr. Crystal Morse  Please indicate which industry you represent.  PRIVATE INDUSTRY (please specify which sector you represent)    Diversified Health Care   Specialty Food, Flowers, and Beverages   Investment Support Services   Niche Manufacturing   Tourism   Tourism   Other:    PUBLIC INDUSTRY (please specify which sector you represent)    Wagner-Peyser   Public Economic Development Agency   Vocational Rehabilitation   Labor Union   Education (specify)   Adult   K-12   Higher Education   Community Based Organization (specify)   Native American employment development   Childcare		1 "	1 1 1	
Please provide three references (name, phone # and e-mail)  L. Dr. Keith Flamer  2. Kerry Mayer  3. Dr. Crystal Morse  Please indicate which industry you represent.  PRIVATE INDUSTRY (please specify which sector you represent)  Diversified Health Care Building and Systems Construction Management and Innovation Services Niche Manufacturing Forest Products Other:  PPUBLIC INDUSTRY (please specify which sector you represent)  Wagner-Peyser Board of Supervisors Representative Assembly/State Representative Labor Union Education (specify) Adult  Community Based Organization (specify) Native American employment development Childcare		Eureka	a CA	9550
Please provide three references (name, phone # and e-mail)  L. Dr. Keith Flamer  Z. Kerry Mayer  3. Dr. Crystal Morse  Please indicate which Industry you represent.  PRIVATE INDUSTRY (please specify which sector you represent)  Diversified Health Care Building and Systems Construction Management and Innovation Services Management and Innovation Services Niche Manufacturing Forest Products Other:  PUBLIC INDUSTRY (please specify which sector you represent)  Wagner-Peyser Board of Supervisors Representative Sound of Supervisors Representative Sound of Supervisors Representative Sound of Supervisors Representative Supervisors Representat		Business Fax	,	
Diversified Health Care Suiding and Systems Construction Investment Support Services Niche Management and Innovation Services Other:    Wagner-Peyser Soard of Supervisors Representative Assembly/State Representative Education (specify) Native American employment development Childcare   Community Based Organization (specify)   Native American employment development   Childcare	707-470-4303		<u></u>	
Diversified Health Care Suiding and Systems Construction Investment Support Services Niche Management and Innovation Services Other:    Wagner-Peyser Soard of Supervisors Representative Assembly/State Representative Education (specify) Native American employment development Childcare   Community Based Organization (specify)   Native American employment development   Childcare	Please provide three references (name, phone # and e-mail)			•
PRIVATE INDUSTRY (please specify which sector you represent)    PRIVATE INDUSTRY (please specify which sector you represent)    Diversified Health Care				
PRIVATE INDUSTRY (please specify which sector you represent)  Diversified Health Care Building and Systems Construction Management and Innovation Services Monagement Agency Other:  PUBLIC INDUSTRY (please specify which sector you represent)  Wagner-Peyser Board of Supervisors Representative Monagement Agency Vocational Rehabilitation Labor Union Education (specify) Modult  K-12 Higher Education Community Based Organization (specify) Monagement Monagement Childcare				
PRIVATE INDUSTRY (please specify which sector you represent)  Diversified Health Care Building and Systems Construction Management and Innovation Services Forest Products Other:  PUBLIC INDUSTRY (please specify which sector you represent)  Wagner-Peyser Board of Supervisors Representative Assembly/State Representative Education (specify) Adult  K-12  Higher Education Community Based Organization (specify) Native American employment development  Childcare		<u> </u>		
Diversified Health Care Building and Systems Construction Management and Innovation Services Forest Products Other:  PUBLIC INDUSTRY (please specify which sector you represent)  Wagner-Peyser Board of Supervisors Representative Assembly/State Representative Education (specify) Adult  Community Based Organization (specify) Native American employment development  Specialty Food, Flowers, and Beverages Investment Support Services Niche Manufacturing Tourism  Public Economic Development Agency Vocational Rehabilitation Labor Union Education (specify) Higher Education  Childcare	Please indicate which industry you represent.			1 5 7 .
Building and Systems Construction   Investment Support Services   Niche Manufacturing   Forest Products   Tourism   Other:   PUBLIC INDUSTRY (please specify which sector you represent)   Wagner-Peyser   Public Economic Development Agency   Vocational Rehabilitation   Assembly/State Representative   Labor Union   Education (specify)   Adult   K-12   Higher Education   Community Based Organization (specify)   Native American employment development   Childcare	PRIVATE INDUSTRY (please specify which sector you represent	)		
Building and Systems Construction   Investment Support Services   Management and Innovation Services   Niche Manufacturing   Forest Products   Tourism   Other:    PUBLIC INDUSTRY (please specify which sector you represent)    Wagner-Peyser   Public Economic Development Agency   Vocational Rehabilitation   Labor Union   Education (specify)   Adult   K-12   Higher Education   Higher Education   Community Based Organization (specify)   Native American employment development   Childcare	☐ Diversified Health Care	Specialty F	ood, Flowers, and Be	everages
Forest Products Other:  PUBLIC INDUSTRY (please specify which sector you represent)  Wagner-Peyser Board of Supervisors Representative Assembly/State Representative Education (specify) Adult  Community Based Organization (specify) Native American employment development  Tourism  Fublic Economic Development Agency Vocational Rehabilitation Labor Union Higher Education  Childcare				•
Other:  PUBLIC INDUSTRY (please specify which sector you represent)  Wagner-Peyser		=	nufacturing	•
PUBLIC INDUSTRY (please specify which sector you represent)  Wagner-Peyser Public Economic Development Agency Board of Supervisors Representative Vocational Rehabilitation Assembly/State Representative Labor Union Education (specify) Adult K-12 Higher Education  Community Based Organization (specify) Native American employment development Childcare				
Wagner-Peyser				
Board of Supervisors Representative		- Dublings	!- 0	
Assembly/State Representative Labor Union  Education (specify)  Adult K-12 Higher Education  Community Based Organization (specify)  Native American employment development Childcare				Agency
Education (specify)  Adult  K-12  Higher Education  Community Based Organization (specify)  Native American employment development  Childcare		=		
Adult K-12 Higher Education  Community Based Organization (specify)  Native American employment development Childcare		[_] reportors	IOH	
Native American employment development Childcare		Higher Educ	ation	
Native American employment development Childcare	Community Based Organization (specify)			
		Childcare		N
		<b>=</b>		or education
	PARTIL Guidelines			

The following guidelines have been developed to assist the Board of Supervisors in the process of recruiting and appointing new Workforce Development Board members.

To become a member of the Workforce Development Board, you must:

- 1. Represent the sector for which you are applying (be an owner of a business, a chief executive/operating officer of a business or agency, or other business executive or employer with optimum policy making or hiring authority).
- 1. Secure a Nomination. A nomination must be secured prior to submitting this application by completing Part III below. Guidelines for nominations are as follow:

Private Sector seats require a formal nomination by an open-membership business organization, a sitting WDB business member or a business trade association, or an agency board of directors.

Labor Union seats require a formal nomination from a local labor federation.

All other seats require a nomination from a senior executive from the agency or institution of employment or affiliation.

2. Forward the completed application to:

**Workforce Development Board** 

825 5th Street

Eureka, CA 95501

Attn: Scott Adair, Economic Development Director

sadair@co.humboldt.ca.us

Selected applicants will be required to file Form 700: Statement of Economic Interest, annually.

For guestions or additional information, please call (707)445-7745

or visit our website: https://www.gohumco.com/162/HC-WDB-Meetings-and-Governance

-	ART III Nomination	了。1912年19日,1915年,1915年,1915年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,191	医食用自己结构 医多生物定数医生物体
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PLEASE NOTE: All applicants must secure the nomination and signature as described in Part II - #2 above, prior to submitting the application to the Workforce Development Board.

### Callaga of the Dadius and

College of the Reawoods	
(Agency/Organization/Associ hereby formally nomin	<del>-</del>
Amber Cavanaugh	
(Applicant's Name	<u> </u>
for appointment to the Workforce Developme	nt Board of Humboldt County
Kelth Flamer (Jul 10, 2024 11:36 PDT)	Jul 10, 2024
Signature of Senior Executive of Nominating Agency	Date
Dr. Keith Flamer	President/Superintendent
Print Name	Title
PART IV Applicant Centification and Signature	
I hereby certify all answers and statements are true and complete to	o the best of my knowledde. I understand the

County may verify information and that untruthful or misleading answers are cause for rejection of this application.

Jul 10, 2024

Signature of Applicant



## **APPLICANT QUESTIONNAIRE**

1.	1. Meetings of the Workforce Development Board shall be called and held pursuant to the provisions the Ralph M. Brown Act.		
	Have you ever been participated on a board or committee that adheres to the Brown Act?		
	Yes No_X If yes, which one?		
2.	Appointment to the Humboldt County Workforce Development Board is a commitment for a two-year term starting the date of appointment by the Board of Supervisors through June 30 <sup>th</sup> of the following fiscal year. If appointed to the Workforce Development Board, you are expected to attend meetings <u>quarterly</u> . Each meeting of the full Workforce Development Board is approximately three hours long. If appointed to the Workforce Development Board, do you agree to attend these meetings? Yes_X_No		
3.	Upon appointment to the board, you will be provided with a copy of the current Workforce Development Board bylaws.		
	Do you agree to review and adhere to the Workforce Development Board bylaws? Yes X No		
4.	4. Attendance expectations are outlined in the bylaws. Members of the board must not miss more than three consecutive meetings unless excused and no more than five consecutive meetings, whether excused or unexcused, to maintain your seat on the board. Attendance is tracked, reviewed and recorded in the minutes for each meeting. Failure to adhere to the attendance guidelines may result in termination from the Board. If you expect to be absent from a meeting that you must notify the Chair of the Board and/or the Executive Director of the intended absence by no later than 5:00PM the day prior to the scheduled meeting, to be considered excused. Do you agree to properly notify staff if you are unable to attend a scheduled meeting? Yes X No Do you understand the attendance expectations for this Board? Yes X No		
5.	Applicants selected for appointment will be required to submit a Form 700: Statement of Economic Interest, annually  Do you agree to file the Form 700 annually and disclose any conflict of interest? Yes X No		
	For more information on the Form 700 please go to: <a href="www.fppc.ca.gov/Form700.html">www.fppc.ca.gov/Form700.html</a>		
T			
Date F	PFFICE USE ONLY: Rec'd: Staff: Submittal Date:		
	and the second s		



### **APPLICATION FOR APPOINTMENT**

ART I - Personal Information		<b>1</b>	
pplicant Name (Last, First, and Middle Initial)	Home Telephone	E-Mail Address	
Michelle Elaine Glancy	. —	-	
Tailing Address	City	State	Zip
	Eureka	, CA	95503
and and Address fif different from the			ļ
esidence Address (if different from mailing address)	City	State	Zip
ame of Business, Agency, or Tribe Open Door Health Centers	Occupation/Title	· · · ·	
open poor realth centers	SVP Human Resources	& Workforce Developmen	t
usiness Address	City	State	Zip
275 8th Street	Arcata	CA	95521
usiness Phone 707-826-8633	Business Fax		_
707-626-8633		•	
		<del>-                                    </del>	-
lease provide three references (name, phone # and	e-mall)		
Tory Starr		<u> </u>	_
. Natasha Wood			
Pam Cosel	-		
lease indicate which industry you represent.			
PRIVATE INDUSTRY (please specify which sector ye	ou represent)		
x Diversified Health Care	Specialty E	ood, Flowers, and Be	V020505
Building and Systems Construction		t Support Services	verages
Management and Innovation Services	Niche Man		
Forest Products	Tourism	, ,	
Other:			
PUBLIC INDUSTRY (please specify which sector you	represent)		
Marras Bayesa	. Di publica		
■ Wagner-Peyser ■ Board of Supervisors Representative		nomic Development	Agency
Assembly/State Representative	= .		
<b>—</b>	Labor Uni	on	
Education (specify) Adult	K-12 Higher Educa	ation	
7 W.W.L.		anoli	
Community Based Organization (specify	) ·		
Native American employment dev			
Address Barriers to Employment		ployment, training, o	r educatio
	<del></del>	• •	

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  of a business or agency, or other business executive or employer with optimum policy making or hiring
  authority).
- 1. Secure a Nomination. A nomination must be secured prior to submitting this application by completing Part III below. Guidelines for nominations are as follow:

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Attn: Scott Adair, Economic Development Director

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For questions or additional information, please call (707)445-7745

or visit our website: https://www.gohumco.com/162/HC-WDB-Meetings-and-Governance			
PART III - Nomination			
PLEASE NOTE: All applicants mu	ist secure the nomination and signature (	as described in Part II - #2 above, <u>prior</u> to	
submitting the application to the	e Workforce Development Board.		
Sitting '	Workforce Development Board Membe	er - Business Seat	
	(Agency/Organization/Association	Name)	
	hereby formally nominates		
	Michelle Glancy		
	(Applicant's Name)		
🖊 for appoin	tment to the Workforce Development Bo	ard of Humboldt County	
		June 18, 2024	
Signature of Senior Execu	utive of Nominating Agency	Date	
Shelley Nilsen		Owner, Express Employment Pros	
Print Name		Title	
PART IV — Applicant Certificat	ion and Signature		
		best of my knowledge. I understand the same cause for rejection of this application.	
Michelle Glancy	Digitally signed by Michelle Glancy Date: 2024.06.18 12:22:11 -07'00'		
Signatur	e of Applicant	Date	



# **APPLICANT QUESTIONNAIRE**

1.	<ul> <li>Meetings of the Workforce Development Board shall be called and held pursuant to the provisions of the Raiph M. Brown Act.</li> </ul>		
Have you ever been participated on a board or committee that adheres to the Brown Act?			
	Yes V No If yes, which one? CR Board of Trustees		
2.	Appointment to the Humboldt County Workforce Development Board is a commitment for a two-year term starting the date of appointment by the Board of Supervisors through June 30 <sup>th</sup> of the following fiscal year. If appointed to the Workforce Development Board, you are expected to attend meetings quarterly. Each meeting of the full Workforce Development Board is approximately three hours long. If appointed to the Workforce Development Board, do you agree to attend these meetings? Yes \( \subseteq No_{\text{NO}_{}} \)		
3.	Upon appointment to the board, you will be provided with a copy of the current Workforce Development Board bylaws.		
	Do you agree to review and adhere to the Workforce Development Board bylaws? Yes V No		
4.	Attendance expectations are outlined in the bylaws. Members of the board must not miss more than three consecutive meetings unless excused and no more than five consecutive meetings, whether excused or unexcused, to maintain your seat on the board. Attendance is tracked, reviewed and recorded in the minutes for each meeting. Failure to adhere to the attendance guidelines may result in termination from the Board. If you expect to be absent from a meeting that you must notify the Chair of the Board and/or the Executive Director of the intended absence by no later than 5:00PM the day prior to the scheduled meeting, to be considered excused.  Do you agree to properly notify staff if you are unable to attend a scheduled meeting? Yes No  Do you understand the attendance expectations for this Board? Yes No		
5.	Applicants selected for appointment will be required to submit a Form 700: Statement of Economic Interest, annually  Do you agree to file the Form 700 annually and disclose any conflict of interest? Yes No		
	For more information on the Form 700 please go to: www.fppc.ca.gov/Form700.html		
	FFICE USE ONLY: ec'd: Staff: Submittal Date:		



#### APPLICATION FOR APPOINTMENT

PART I – Personal Information	*- ± ** **	page to describe the second of	
Applicant Name (Last, First, and Middle Initial)	Home Telephone	E-Mail Address	,
Kelley, Danny, W			
Mailing Address	City	State	Zip
	Fortuna	CA	95540
Residence Address (if different from mailing address)	City	State	Zip
Name of Business, Agency, or Tribe	Occupation/Title		<u> </u>
Blue Lake Rancheria	Community Se	ervices Coordinate	or
Business Address	City	State	Zip
1 Aiyekwee Loop	Blue Lake	CA	95525
Business Phone	Business Fax		
(707) 668-5101			·
Please provide three references (name, phone # and e-mail)	,		
1. Constance Mitchell, DNP (			
2. Allson Robbins			
3. Marnie Atkins			
Please indicate which industry you represent.			
PRIVATE INDUSTRY (please specify which sector you represen	t)		
Diversified Health Care Building and Systems Construction Management and Innovation Services Forest Products Other:		ood, Flowers, and Be t Support Services sufacturing	verages
PUBLIC INDUSTRY (please specify which sector you represent)			
Wagner-Peyser Board of Supervisors Representative Assembly/State Representative Education (specify) Adult K-12			Agency
Community Based Organization (specify)  Native American employment development Address Barriers to Employment	Childcare Vouth em	ployment, training, o	r education
PART II – Guidelines	2 -		

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Eureka, CA 95501

Attn: Scott Adair, Economic Development Director

sadair@co.humboldt.ca.us

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For questions or additional information, please call (707)445-7745 visit our website: <a href="https://www.gohumco.com/162/HC-WDB-Meetings-and-Governance">https://www.gohumco.com/162/HC-WDB-Meetings-and-Governance</a>

or visit our website: <u>nttps://www.gonumco.com</u>	/162/HC-WDB-Meetings-and-Governance	
PARTIII - Nomination		
PLEASE NOTE: All applicants must secure the nomination and signe	ature as described in Part II - #2 above, <u>prior</u> to	
submitting the application to the Workforce Development Board.	·	
Blue Lake Rancheria	•	
(Agency/Organization/Assoc	ciation Name)	
hereby formally nom	inates	
Danny Kelley		
(Applicant's Nam	e)	
for appointment to the Workforce Developme	ent Board of Humboldt County	
Jason Ramos	07/12/2024	
Signature of Senior Executive of Nominating Agency	Date	
Dr. Jason Ramos, M.S., D.C.	Tribal Administrator	
Print Name	Title	
PART IV # Applicant Certification and Signature //	公司等公司的工程及刑害人为有些人第2个公司人特别。	
I hereby certify all answers and statements are true and complete	= · ·	
County may verify information and that untruthful or misleading a	nswers are cause for rejection of this application.	
Danny Kelley	07/12/2024	
Signature of Applicant	Date	