



APPLICATION FOR APPOINTMENT

PART I - Personal Information			
Applicant Name (Last, First, and Middle Initial) Cavanaugh, Amber M		Home Telephone	E-Mail Address
Mailing Address [REDACTED]		City Eureka	State CA
Residence Address (if different from mailing address)		City	Zip 95501
Name of Business, Agency, or Tribe College of the Redwoods		Occupation/Title Interim Director, Adult & Community Education	
Business Address 525 D Street		City Eureka	State CA
Business Phone 707-476-4503		Zip 95501	
Business Phone		Business Fax	

Please provide three references (name, phone # and e-mail)

1. Dr. Keith Flamer [REDACTED]
2. Kerry Mayer [REDACTED]
3. Dr. Crystal Morse [REDACTED]

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
- Forest Products
- Other:

- Specialty Food, Flowers, and Beverages
- Investment Support Services
- Niche Manufacturing
- Tourism

PUBLIC INDUSTRY (please specify which sector you represent)

- Wagner-Peyser
- Board of Supervisors Representative
- Assembly/State Representative
- Education (specify)
 - Adult
 - K-12

- Public Economic Development Agency
- Vocational Rehabilitation
- Labor Union
- Higher Education

- Community Based Organization (specify)
 - Native American employment development
 - Address Barriers to Employment

- Childcare
- Youth employment, training, or education

PART II - 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 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 must secure the nomination and signature as described in Part II - #2 above, prior to submitting the application to the Workforce Development Board.

College of the Redwoods

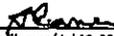
(Agency/Organization/Association Name)

hereby formally nominates

Amber Cavanaugh

(Applicant's Name)

for appointment to the Workforce Development Board of Humboldt County


Keith Flamer (Jul 10, 2024 11:36 PDT)

Signature of Senior Executive of Nominating Agency

Dr. Keith Flamer

Print Name

Jul 10, 2024

Date

President/Superintendent

Title

PART IV – Applicant Certification and Signature

I hereby certify all answers and statements are true and complete to the best of my knowledge. I understand the County may verify information and that untruthful or misleading answers are cause for rejection of this application.


Amber Cavanaugh (Jul 10, 2024 11:35 PDT)

Signature of Applicant

Jul 10, 2024

Date



APPLICANT QUESTIONNAIRE

1. Meetings of the Workforce Development Board shall be called and held pursuant to the provisions of the Ralph M. Brown Act.

Have you ever been participated on a board or committee that adheres to the Brown Act?

Yes ___ No 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 30th 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 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 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

FOR OFFICE USE ONLY:

Date Rec'd: _____

Staff: _____

Submittal Date: _____



APPLICATION FOR APPOINTMENT

PART I – Personal Information			
Applicant Name (Last, First, and Middle Initial) Michelle Elaine Glancy	Home Telephone [REDACTED]	E-Mail Address [REDACTED]	
Mailing Address [REDACTED]	City Eureka	State CA	Zip 95503
Residence Address (if different from mailing address)	City	State	Zip
Name of Business, Agency, or Tribe Open Door Health Centers	Occupation/Title SVP Human Resources & Workforce Development		
Business Address 1275 8th Street	City Arcata	State CA	Zip 95521
Business Phone 707-826-8633	Business Fax		

Please provide three references (name, phone # and e-mail)

1.	Tory Starr [REDACTED]
2.	Natasha Wood [REDACTED]
3.	Pam Cosel [REDACTED]

Please indicate which Industry you represent.

PRIVATE INDUSTRY (please specify which sector you represent)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Diversified Health Care
<input type="checkbox"/> Building and Systems Construction
<input type="checkbox"/> Management and Innovation Services
<input type="checkbox"/> Forest Products
<input type="checkbox"/> Other: | <input type="checkbox"/> Specialty Food, Flowers, and Beverages
<input type="checkbox"/> Investment Support Services
<input type="checkbox"/> Niche Manufacturing
<input type="checkbox"/> Tourism |
|---|---|

PUBLIC INDUSTRY (please specify which sector you represent)

- | | |
|--|--|
| <input type="checkbox"/> Wagner-Peyser
<input type="checkbox"/> Board of Supervisors Representative
<input type="checkbox"/> Assembly/State Representative
<input type="checkbox"/> Education (specify)
<input type="checkbox"/> Adult <input type="checkbox"/> K-12 | <input type="checkbox"/> Public Economic Development Agency
<input type="checkbox"/> Vocational Rehabilitation
<input type="checkbox"/> Labor Union
<input type="checkbox"/> Higher Education |
| <input type="checkbox"/> Community Based Organization (specify)
<input type="checkbox"/> Native American employment development
<input type="checkbox"/> Address Barriers to Employment | <input type="checkbox"/> Childcare
<input type="checkbox"/> Youth employment, training, or education |

PART II – 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.

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For questions or additional information, please call (707)445-7745
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PART III – Nomination

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Sitting Workforce Development Board Member - Business Seat

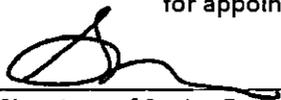
(Agency/Organization/Association Name)

hereby formally nominates

Michelle Glancy

(Applicant's Name)

for appointment to the Workforce Development Board of Humboldt County



Signature of Senior Executive of Nominating Agency

June 18, 2024

Date

Shelley Nilsen

Print Name

Owner, Express Employment Pros

Title

PART IV – Applicant Certification and Signature

I hereby certify all answers and statements are true and complete to the best of my knowledge. I understand the County may verify information and that untruthful or misleading answers are cause for rejection of this application.

Michelle Glancy

Digitally signed by Michelle Glancy
Date: 2024.06.18 12:22:11 -07'00'

Signature of Applicant

Date



APPLICANT QUESTIONNAIRE

1. Meetings of the Workforce Development Board shall be called and held pursuant to the provisions of the Ralph M. Brown Act.

Have you ever been participated on a board or committee that adheres to the Brown Act?

Yes 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 30th 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 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 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

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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

FOR OFFICE USE ONLY:

Date Rec'd:

Staff:

Submittal Date:



APPLICATION FOR APPOINTMENT

PART I – Personal Information			
Applicant Name (Last, First, and Middle Initial) Kelley, Danny, W	Home Telephone	E-Mail Address	
Mailing Address	City	State	Zip
Residence Address (if different from mailing address)	City	State	Zip
Name of Business, Agency, or Tribe	Occupation/Title		
Business Address	City	State	Zip
Business Phone	Business Fax		

Please provide three references (name, phone # and e-mail)

1. Constance Mitchell, DNP
2. Allison Robbins
3. Marnie Atkins

Please indicate which industry you represent.

PRIVATE INDUSTRY (please specify which sector you represent)

- | | |
|---|---|
| <input type="checkbox"/> Diversified Health Care | <input type="checkbox"/> Specialty Food, Flowers, and Beverages |
| <input type="checkbox"/> Building and Systems Construction | <input type="checkbox"/> Investment Support Services |
| <input type="checkbox"/> Management and Innovation Services | <input type="checkbox"/> Niche Manufacturing |
| <input type="checkbox"/> Forest Products | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Other: | |

PUBLIC INDUSTRY (please specify which sector you represent)

- | | |
|--|--|
| <input type="checkbox"/> Wagner-Peyser | <input type="checkbox"/> Public Economic Development Agency |
| <input type="checkbox"/> Board of Supervisors Representative | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Assembly/State Representative | <input type="checkbox"/> Labor Union |
| <input checked="" type="checkbox"/> Education (specify) | <input type="checkbox"/> Higher Education |
| <input type="checkbox"/> Adult | <input checked="" type="checkbox"/> K-12 |
| <input checked="" type="checkbox"/> Community Based Organization (specify) | <input type="checkbox"/> Childcare |
| <input checked="" type="checkbox"/> Native American employment development | <input checked="" type="checkbox"/> Youth employment, training, or education |
| <input checked="" type="checkbox"/> Address Barriers to Employment | |

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PART III - Nomination

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Blue Lake Rancheria

(Agency/Organization/Association Name)

hereby formally nominates

Danny Kelley

(Applicant's Name)

for appointment to the Workforce Development 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

I hereby certify all answers and statements are true and complete to the best of my knowledge. I understand the County may verify information and that untruthful or misleading answers are cause for rejection of this application.

Danny Kelley
Signature of Applicant

07/12/2024

Date