



APPLICATION/NOMINATION FORM

DATE: June 29, 2020

APPLICANT/NOMINEE: Robert "Scott" Oberlies

MAILING ADDRESS: P.O. Box 1133 BLUE LAKE, CA 95525

PHYSICAL ADDRESS: 731 4th AVE BLUE LAKE CA, 95525

TELEPHONE (Home): 707 499 1607 (Cell) SAME

COMPUTER ACCESS: Yes No E-MAIL ADDRESS: scottoberlies7@gmail.com

RECIPIENT PROVIDER FAMILY MEMBER OTHER: _____

ORGANIZATION MEMBERSHIP(S): SEIU 2015

WHY ARE YOU INTERESTED IN JOINING THIS COMMITTEE? I have a variety

of caregiving experience with wanting to bring betterment

TELL US A LITTLE BIT ABOUT YOURSELF: 6 years caregiving exper. (to caregiver)

working for California Mentor Sr Resource Center, AGAPE home care

& IHSS. Being a good listener & communicate with

others (A team view) are key in caregiving. married,

have 2 cats, active gardener

REFERENCES: Name, Phone Number & Relationship to Applicant

1. Robert Robbins -707-²²³5505 - IHSS Recipient

2. KALI COZYRIS 707-267-4576 - DAUGHTER of IHSS Recipient

Applicants selected for appointment will be required to file Form 700, Statement of Economic Interest

Return completed form to: IHSS Advisory Committee c/o IHSS Public Authority
605 K Street
Eureka, CA 95501