



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) Bumgarner, Cindy, D	Home Telephone 530-521-6706	E-Mail Address cb389@humboldt.edu	
Mailing Address [REDACTED]	City Trinidad	State CA	Zip 95570
Residence Address (if different from mailing address) [REDACTED]	City Trinidad	State CA	Zip 95570
Name of Business, Agency, or Tribe Cal Poly Humboldt University	Occupation/Title Dean, College of Extended Education & Global Engagement		
Business Address 1 Harpst St	City Arcata	State CA	Zip 95521
Business Phone	Business Fax		

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

1.	Jenn Capps,	[REDACTED]	
2.	Carmen Busto-Works,	[REDACTED]	
3.	Shawna Youg,	[REDACTED]	

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 type="checkbox"/> Education (specify) | <input checked="" type="checkbox"/> Higher Education |
| <input type="checkbox"/> Adult | <input type="checkbox"/> K-12 |
| <input type="checkbox"/> Community Based Organization (specify) | |
| <input type="checkbox"/> Native American employment development | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Address Barriers to Employment | <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.

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.

Cal Poly Humboldt

(Agency/Organization/Association Name)

hereby formally nominates

Cindy Bumgarner

(Applicant's Name)

for appointment to the Workforce Development Board of Humboldt County



Signature of Senior Executive of Nominating Agency

12/1/2023

Date

Jenn Capps

Provost

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.



Signature of Applicant

11-20-23

Date