

APPLICATION FOR APPOINTMENT TO COUNTY BOARDS/COMMISSIONS AND COMMITTEES

Instructions: You may fill out this application on-line by tabbing between fields. After you have completed the form, print the application by clicking on the Print button at the bottom of the page. Alternatively, you may print the blank form and fill it out by hand. You must sign and date the application. Attach any additional documents and mail to the address at the bottom of the form.

RECEIVED

Name of Board/Commission/Committee as listed on announcement:

Nevada County Mental Health Board

JUN 07 2019

Filing Period (as listed on the announcement):

Open until filled

NEVADA COUNTY
BOARD OF SUPERVISORS

Type of Member:

On going

Incumbent? Yes

Name: Last

Deardorff

First

Janice

Residence Address (Must be a resident of Nevada County)

Mailing Address, if different from residence

Address

[Redacted]

Address

[Redacted]

City

City

[Redacted]

State

[Redacted]

Zip Code

[Redacted]

Supervisorial District 1 through 5

(Available from Election Office, 265-1298)

[Redacted]

Home Phone with area code

[Redacted]

Unlisted?

Email Address

[Redacted]

with area code

[Redacted]

Extension

[Redacted]

Time(s) available

AM's

Experience: A resume, or additional sheets, may be attached containing any information that would be helpful to the Board in evaluating your application.

Education/Employment Experience

Public Health Nurse - Certified

BS in Nursing 4 yrs in public health nursing
MA in Mental Family Therapy 7 yrs in hospital psychiatric nursing
36 yrs employment as R.N. 1 yr as psych home health supervisor
13 yrs as Occupational Health Nurse
20 yrs as telephone triage nurse
2 yrs head start nurse & school nurse

Community Experience and Affiliations

Interfaith Food Ministry Supervisor & Board Member
Deaconess, S.S. Teacher Church organist, Community Grief Recovery Teacher
Community Piano organ teacher

Other County Boards, Commissions, or Committees on which you have served:

Oregon State School Nurse Committee, IFM Board Member

Other experience you feel would be helpful to the Board of Supervisors in making this appointment:

Nevada County Mental Health Board Member for last 6 yrs.

References: Please list two references with telephone numbers:

Betty King [Redacted]

Laura Preston [Redacted]

Applicants may be required by State Law and County Ordinance to file a financial disclosure statement as part of the appointment process. The form may be viewed at <http://www.fppc.ca.gov>. An Oath of Office will be required upon appointment.

I have reviewed the Financial Disclosure Statement requirement:

[Signature]
Initial

Signature

Janice Deardorff

Date

5-9-19

Applications must be filed with: **Clerk of the Board of Supervisors, County of Nevada, 950 Maidu Ave., Nevada City CA 95959-8617.** This application is a public document.

Print Form

Document-16360 Rev 1/2008