# **COUNTY BOARDS, COMMISSIONS AND COMMITTEES**

# Instructions

You may fill out this application on-line by tabbing between fields and selecting the green Submit at the bottom once complete.

Submit Date: May 26, 2022

If you prefer to submit a paper application you can select the Print button at the bottom of the page. Printed applications require an original signature and date noted. Any additional documents will need to be attached and then mailed to the address at the bottom of the form.

Must be a resident of Nevada County to apply.

Profile				
Which Boards would you like to apply for?				
Mental Health & Substan	ce Use Advisory Board (Nevada Co	ounty): Submitted		
Question applies to multiple board  Confirm your desired				
Board Member				
Incumbent?				
○ Yes ⊙ No				
Laura A.	Preston			
First Name	Last Name			
Home Address		Suite or Apt		
Grass Valley		CA	95949	
City		State	Postal Code	
Mailing Address (if dif	ferent from residence)			
Supervisorial District	1 through 5 (Available from Ele	ection Office, 265-1298)		
District 2				
Time(a) available to et	tand mastings (days, syspings	oto)		
Time(s) available to at	tend meetings (days, evenings	s, etc.)		
Anytime.				
Email Address				
Mobile:	Home:			
Primary Phone	Alternate Phone			

Laura A. Preston

# Interests & Experiences

**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**

El Camino College - 2 years - Fine Arts. Peer Employment Training, WRAP Certified Training - CoRR, SPIRIT Center, New Directions Training with Sue Haddon, Under supervision from John Eby provided Peer Counseling to inmates at Wayne Brown Jail.

**Community Experience and Affiliations** 

See Above

List any other County boards, commissions, or committees on which you have served:

A Board Member with Nevada County Mental Health & Substance Abuse Advisory Board since about 2012.

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

Lived experience with mental illness.

References: Please list two references with telephone numbers

Sue Haddon -	Janice Deardorff -		
Upload a Resume			
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Additional Attachments			

# **Agreement**

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.

#### ✓ I Agree

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.

Document-16360 Rev 1/2008

# Laura A. Preston