



Measure C Committee Membership Application

Interested persons are hereby notified that there are currently several vacancies on the District's Measure C Committee.

Measure C is a special parcel tax approved by the voters in 2018 to support essential healthcare services in the Mendocino Coast Healthcare District (MCHCD). The Measure C property tax is currently approved for a period of twelve years and will expire on June 30, 2030. The District Measure C Committee is an “independent taxpayer oversight” committee that ensures funds are used for the purposes the voters approved. The funds generated by Measure C may be spent only for vital health care services such as maintaining emergency room services, ambulance and 911 services, recruiting and retaining qualified medical staff, and making critical repairs and upgrades to hospital facilities and equipment. Measure C funds cannot be used for administrators' salaries, pensions, or benefits.

The Measure C Committee reviews expenditures to determine whether those expenses align with Measure C's criteria. The Committee's job is to verify that funds were used correctly and report to the District Board —not to make initial spending decisions.

If interested in serving on the Measure C Committee please submit your complete application to the District Office by mail or email:

Mail to:
MCHCD - Kathy Wylie
PO BOX 579
Fort Bragg, CA 95437-0579

Email: info@mendocinochcd.gov

Message Phone: 707 962-3175

Applications are available on the district website and will be accepted until 5pm on June 15, 2025



Please print clearly.

Name: _____

Organization Name (if any): _____ Title: _____

Address _____
Street city Zip code

Phone #1: _____ Phone #2: _____

Email: _____

Are you an employee of Adventist Health? Yes No

How long have you been a resident in the District? _____

What is your current occupation? _____

Are you 18 or older? Yes No

What is your daytime/evening availability to attend meetings?

Volunteer Acknowledgement

By signing below, I hereby acknowledge and understand that the position for which I am applying is a volunteer position and that, if appointed, I will not be entitled to compensation or employee benefits.

Date: _____

Applicant Signature: _____



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1. Briefly describe your interest in serving on the MCHCD Measure C Committee.

2. List and briefly describe any participation in volunteer, community or professional organizations relevant to your candidacy for the Measure C Committee:

3. I have sufficient time to devote to this responsibility and will attend the required meetings if appointed to the Measure C Committee:

Yes No



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4. What is your experience with facilities management and/or preparing and reviewing budgets?

5. What other information about you is important in review of your application?
(Attach any additional information you wish to be considered).

Applicant Signature: _____ Date: _____