



SHASTA COUNTY

**CLERK OF THE BOARD OF SUPERVISORS
A DIVISION OF THE ADMINISTRATIVE OFFICE
DAVID J. RICKERT, CEO/CLERK OF THE BOARD**

1450 COURT STREET, SUITE 308B
REDDING, CALIFORNIA 96001
PHONE: (530) 225-5550
TOLL FREE IN NORTH STATE:
(800) 479-8009

COMMITTEE/COMMISSION/BOARD POSITION APPLICATION

Name of Committee/Commission/Board applying for:
Shasta Mosquito and Vector Control Board

Area of Representation (if applicable):

Contact Information

Name: Richard Gallardo
Address: [REDACTED]
Mailing: [REDACTED]
Street: [REDACTED]
City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]
E-mail Address: [REDACTED]
Current Occupation: retired
Employer: n/a

Home Phone: [REDACTED]
Business Phone: [REDACTED]
Cell Phone: [REDACTED]

Qualifications

For Special District appointments: Are you a registered voter who resides within the district? Yes ☒ No ☐
If applicable: Do you reside in the Supervisorial District which you will represent if appointed? Yes ☐ No ☐
Supervisorial District where you reside: _____
Additional Information:

List any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this County committee, commission, or board. (Contact the Clerk of the Board if you need more information about the position you're applying for.)
Retired military, former federal, state, and local gov't employee. 18 years as EMT with training in HAZMAT, infectious diseases.

RECEIVED

DEC 07 2023

CLERK OF THE BOARD

Personal Information

Please list any current or past volunteer work:
Board member of local chapter of CA Rifle and Pistol Assn

Are you presently serving on a County Commission/Committee/Board or Special District? Yes ☐ No ☒
If so, which one(s)?

Personal Information, Continued

Why do you want to be a member of this County Commission/Committee/Board or Special District?

Ensure responsible measures are being taken that also balance the health of citizens and the environment.

Briefly describe what you believe are the most important issues facing the Shasta County community at this time, and how you believe this County Commission/Committee/Board or Special District can play a role in addressing each issue?

Ensuring safe and effective measures are being implemented to complete the mission and legal mandates of the SMVCD.

Please specify any activities in which you are presently engaged, or in which you plan to be engaged, which might create a serious conflict of interest should you be appointed to this County Commission/Committee/Board or Special District.

None

CERTIFICATION:

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.



Signature

12/7/23

Date

This application is provided to you by the Shasta County Clerk of the Board to assist you in providing background information to be considered by the Board of Supervisors when making appointments to various County committees, commissions, or boards.

If you need additional space, please attach extra sheets.

Upon review by the Board of Supervisors, appointments will be made as appropriate, and you will be notified.

Thank you for your interest in serving the Shasta County community.

FOR COUNTY USE ONLY

Notes: