## NOYO HARBOR COMMISSION

### APPLICATION FOR APPOINTMENT

### INFORMATION:

The Noyo Harbor Commission, consisting of five members, is the governing body of the Noyo Harbor District; a special public district and political subdivision of the State of California organized under §6200, et seq. of the California Harbors and Navigation Code. The Commission has the ultimate authority of and directs all phases of operations of the Noyo Mooring Basin at Noyo Harbor; plans for the future use and development of Harbor District property and facilities; represents the Noyo Harbor District in contacts with Federal, State, County, City and other public and private agencies; supervises the preparation of and adopts the annual budget. The Commissioners are not compensated for their service to the Harbor District. The Commission meets regularly on the second Thursday of the month.

### INSTRUCTIONS:

Please provide the information requested and any additional information you feel would be useful to the City Council in making their selection.

	NAME: Gabriel Quinn Maroney
	RESIDENT ADDRESS:
	MAILING ADDRESS:
	HOME PHONE: NA
	BUSINESS ADDRESS: NA
	OCCUPATION: Global Health Scientist/Disabled
	E-MAIL ADDRESS:
Brief st	atement:
1.	Why are you interested in serving as one of the two City of Fort Bragg representatives on the Noyo Harbor District Board?  To support implementation of the Noyo Harbor Community Sustainability plan encourage public and institutional outreathy enhance Scientific exploration and discovery that would enganter benefits to economy (culture/Health.  List property owned, businesses owned or other financial interest you may have in the Noyo Harbor District area.  NAMORE
NOTE:	If appointed, commissioners are required to complete Fair Political Practices Commission
	(FPPC) financial disclosure forms.
CON	IPLETED APPLICATIONS SHOULD BE RETURNED BY 5:00 PM, October 17, 2022 TO:
	June Lemos, MMC, City Clerk CITY OF FORT BRAGG



416 North Franklin Street Fort Bragg, California 95437 RECEIVED

OCT 17 2022

City of Fort Bragg City Clerk

# **EDUCATION AND TRAINING**

HIGH SCHOOL		LOCATION			
Burling	ame High	School Burlingame, CA 94010	( Mangini Way)		
Orange	n: ' 17: U '	chool Escontida CA 92027 (2	200 Glennide RIS		
			- 13		
COLLEGES/UN	IVERSITIES ATT	ENDED Dates Course of Degree Study/Major Awarded	Type of Degree Date Degree Completed		
1. National	Injurate of	alus Netril 2014-2015 Glod Health MS	Globa Health 06/28/2015		
2. College of	the Redivos		entificate 05/2011		
3. Bastyr	Universit	1006-2008 Herbal B3	Diojoma 06/21/2008		
<u> </u>		)			
	ANT COURSES A	ND Names/Locations of Institution Lengt	h of Course Date		
1. Research	/D.hi 150%	11304	Months 2005		
0 44	Publication Ecology Cou	rses College of Reduces sou	Mesters 2010		
3.	-copya con	uses correged hours sen	NESTERS 2010		
4.		Y			
	L LICENSE(S) O	Serial No. Date Issued	Expiration Date		
CERTIFICATE(	s)				
1.					
2.					
3.	3.				
COMMUNITY SERVICE/ORGANIZATION(s):					
1. Fort Braz			City Council Ad Hec		
2. Historic P	reservation	Ory Shed J&4) / Eighth A	Laguet 1 to 100		
3. Old Mill	Site. Sust	sinabilit. e consuir develormes	of Vision /NHUDG intern		
4. Community Herbalist Apordentice ship (Christopher Hobbs					
5. Board Member / International Alchemy Cail					
lo. Marine Life Protection Act Alyacacy Jot local fighery/vativer/eco					
		wish to attach a resume or other relevant documents to further			
Mo. Yr.	70: Mo. Yr.	Employer (Business or Agency Name)	Species Operations		
Describe the respon					
performed and/or the skills you acquired 5 per of 5 per attom? (Equal to material as the second to the skills you acquired to the					
which may relate to this Committee or Board position Ordering, 5 unveillance, and maintenance across operation					
Mo. Yr.	TO: Ma Va				
IVIO. TT.	TO: Mo. Yr.	Employer (Business or Agency Name)	Title of your position		
Describe the respon	nsibilities you				
performed and/or the	performed and/or the skills you acquired				
which may relate to t Board position	his Committee or				
Mo. Yr.	TO: Mo. Yr.	Employer (Dusiness on Assess Nove)			
IVIO. TT.	TO: MID. Yr.	Employer (Business or Agency Name)	Title of your position		
Describe the responsibilities you					
performed and/or the skills you acquired					
which may relate to t Board position	nis Committee or				
	T				
Mo. Yr.	TO: Ma Ve				
	TO: Mo. Yr.	Employer (Business or Agency Name)	Title of your position		
Describe the respon	sibilities you	Employer (Business or Agency Name)	Title of your position		
performed and/or the	sibilities you skills you acquired	Employer (Business or Agency Name)	Title of your position		
	sibilities you skills you acquired	Employer (Business or Agency Name)	Title of your position		