

**County of Sonoma  
Board of Supervisors  
Boards/Commissions/Committees Application**

**Return Completed Application to:  
575 Administration Drive, Rm. 100A  
Santa Rosa, CA 95403  
(707) 565-2241  
(707) 565-3778 FAX**

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**BOARD/COMMISSION/COMMITTEE OF INTEREST** Maternal, Child and Adolescent Health Advisory Board  
**HAVE YOU EVER ATTENDED A MEETING OF THIS BOARD/COMMISSION/COMMITTEE?** YES  NO   
**IF SO, HOW MANY?** \_\_\_\_\_  
**NAME** Natalie Wright  
**ADDRESS** 120 Stony Point Road Suite 155 Santa Rosa CA 95401  
**MAILING ADDRESS** \_\_\_\_\_  
**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
**BUSINESS PHONE** 707-675-8161 **EMAIL** nwright@first5sonomacounty.org  
**HOW MANY YEARS HAVE YOU RESIDED IN SONOMA COUNTY?** 7.5  
**PRESENT OCCUPATION** Program Director, First 5 Sonoma County

<b>EDUCATION:</b>		
<b>SCHOOL</b>	<b>MAJOR</b>	<b>GRADUATION DATE/DEGREE</b>
Wake Forest University	Sociology	2012/Bachelors of Arts
Washington University in St Louis	Social Work	2014/Masters in Social Work

<b>COMMUNITY SERVICE EXPERIENCE:</b>		
<b>ORGANIZATION</b>	<b>DATES SERVED</b>	<b>POSITION</b>
Active 20-30 Club	2019-2026	Youth Benevolent Fund Chair

**OTHER RELEVANT EXPERIENCE/EXPERTISE:**  
I bring experience working directly with families, organizing community members in social justice campaigns, and building partnerships and supporting local programming and systems with First 5 Sonoma County for 7 years.

**WHAT IS YOUR UNDERSTANDING OF THE ROLE AND RESPONSIBILITY OF THIS BOARD/COMMISSION/COMMITTEE?**  
I understand the role of an MCAH Board member to assess and strategize around better supporting Sonoma County children and their parents to thrive.

**WHICH ACTIVITIES OF THIS BOARD/COMMISSION/COMMITTEE INTEREST YOU THE MOST?**

I look forward to continuing to deepen partnerships with others in ways to collaboratively support programs and system changes to better support young kids and their parents.

**WHICH ACTIVITIES INTEREST YOU THE LEAST?**

**WHAT WOULD BE YOUR GOAL AS A BOARD BOARD/COMMISSION/COMMITTEE MEMBER?**

My goal would be to raise needs and concerns heard from families and children-serving partners to the other members of the Board as well as opportunities for partnership.

**WHAT DO YOU FEEL YOU COULD CONTRIBUTE TO SEE THESE GOALS REALIZED?**

As a Program Director at First 5 leading our maternal-child investments and partnerships I can bring data collected through needs assessments, updates on innovating programming, and opportunities for partnership to the MCAH board. Being a part of a network of First 5s across the state also allows me to bring innovative ideas from others counties.

**USE ADDITIONAL PAPER IF NECESSARY**

**PLEASE LIST TWO LOCAL REFERENCES AND THEIR PHONE NUMBERS:**

Elizabeth Vermilyea, Child Parent Institute, 410-371-1658; Ellen Bauer, West County Health Centers, 707-824-3391

*Appointees will be required to take an Oath of Office & may be subject to filing an annual Statement of Economic Interest.*

*Natalie Wright*

4/1/2026

SIGNATURE

DATE

Applications will be kept on file for two years. All applications are available to the public.