

## Sonoma County **In-Home Supportive Services Advisory Committee**



Application Form

Please type or print and attach additional pages as needed

Name:	Elsen P Christensen			Sonoma Co	unty Resident D
Address:	STORE STATES CIT			Apt #:	
City:			Zip: d	Best time to	call:
Phone:			E-mail:		AM C
Fax:				0	1
Consumer of p	ner – past or current personal assistance	Advisory Committee,  Caregiver – curr IHSS caregiver (provid	rent or former	☐ Community representing organ	nizations that
services paid for through public or private funds.				advocate for seniors or people disabilities.	
Committee	You  Experience the Boards, Commi	may check more the		olicable.	e served or are
Committee Please list t serving on? Name of Co	You  Experience the Boards, Commi	ittees, Councils, and	or Commiss	olicable.	Monthly
Committee Please list t serving on? Name of Co	You Experience the Boards, Commi ommittee, Board or	ittees, Councils, and	or Commiss	ons which you hav  Number of years or months on the	Monthly Commitment
Committee Please list t serving on? Name of Co	You Experience the Boards, Commi ommittee, Board or	ittees, Councils, and	or Commiss	ons which you hav  Number of years or months on the	Monthly Commitment



**CONTINUE ON OTHER SIDE** 



Please include in your answer t	ce advocating for program(s) or he work you performed, the type ernment agencies, bureaus, and	of program or organization that
with due to your experience.	similarit agencies, bareaus, and	or legislators you were larrillar
I worked for 21-	1 from 2015-2019	I advocated for
chents, and Ip	mounded referrals	to services in
Sonoma Counta	5- I also provide	à compassionate
listening		
If you need mo	ore room, please attach a separate s	sheet of paper.
Ontional Questions: The follow	wing information is intended to help	oneuro that the IUSS Advisory
Committee represents the diversity		ensure that the IHSS Advisory
	of the IHSS Advisory Committee, r month fulfilling my duties (prepa	
11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
-		09/21/2025
Signature of Applicant		Date
Please ret	urn your completed application	n form to:
Mailing Address:	Hand Deliver to:	Fax to:
IHSS PUBLIC AUTHORITY	IHSS PUBLIC AUTHORITY	IHSS Public Authority

3725 Westwind Blvd, Suite 101

Santa Rosa, CA 95403

707-565-5720

P.O. Box 1949

Santa Rosa, CA 95402-1949



## Sonoma County In-Home Supportive Services Advisory Committee



## **Application Form**

Please type or print and attach additional pages as needed

Name:	KARY MCE	KARY MCELROY		Sonoma County Re	Sonoma County Resident 🕱	
Address:		,		Apt#:		
City:			Zip: C	Best time to call:		
Phone:	4,		E-mail:	11:00	AM PM	XI
Fax:						
Position As an app	olicant for the IHSS A	dvisory Committee, I ar	n applying	to represent:		
consumer o	Imer – past or current f personal assistance id for through public or	☐ Caregiver — current IHSS caregiver (provider).	or former	☐ Community Advo	s that	

You may check more than one, if applicable.

disabilities.

Committee Experience

private funds.

Please list the Boards, Committees, Councils, and/or Commissions which you have served or are serving on?

Name of Committee, Board or Program/Group	Office/Position Held	Number of years or months on the board/committee	Monthly Commitment In hours
24THST REVITALIZATION	SMAIL BUSINESS LIAISON FOR SUPERVISOR TOM AMM	ano 2 yes	200030
The comittee to Re-elect KAMAIA HARRIS FOR DIST		Zyes	120 7030
Ross Mirkarimi for she	Personal Assigrantonuer	2 yrs	14000860
The comittee to Re-elet Terence Hallinan for Dista	Compains worker	142	140-160
	DATA Colletion + Advocate	24ns	1400160

If you need more room, please attach a separate sheet of paper.



CONTINUE ON OTHER SIDE



3725 Westwind Blvd., P.O. Box 1949, Santa Rosa, California 95402 Phone: 707-565-5700 Fax: 707-565-5720

Please include in your answer	nce advocating for program(s) or go the work you performed, the type of vernment agencies, bureaus, and/o	of program or organization that
* PLease See A	TTCHAMENT.	
	*	
it you need	more room, please attach a separate sh	leet of paper.
Optional Questions: The fol	lowing information is intended to help er	nsure that the IHSS Advisory
Committee represents the divers		nouro and ano anico y avisory
Acknowledgement:	er of the IHSS Advisory Committee, I	am required to append a
	per month fulfilling my duties (prepari	
meetings).		3
,		
		8.4.25
Signature of Applicant		Date
/ Please r	eturn your completed application	form to:
Mailing Address:	Hand Deliver to:	Fax to:
IHSS PUBLIC AUTHORITY	IHSS PUBLIC AUTHORITY	IHSS PUBLIC AUTHORITY
P.O. Box 1949	3725 Westwind Blvd, Suite 101	707-565-5720

Santa Rosa, CA 95403

Santa Rosa, CA 95402-1949

I have extensive experience advocating for community programs and supporting local government initiatives in San Francisco. As a small business liaison for Supervisor Tom Ammiano on the 24th Street Revitalization Committee, I engaged directly with small business owners to understand and address their concerns. I consolidated their feedback and worked closely with Supervisor Ammiano to resolve issues and support the local business community. This role involved frequent meetings, often multiple times per week, to ensure that small businesses on 24th Street thrived.

In addition, I contributed to the reelection campaigns of Kamala Harris and Terence Hallinan, and the election campaign of Ross Mirkarimi. My roles ranged from making phone calls, supporting events, managing schedules, and fundraising, to serving as a personal assistant, driver, and videographer. I also managed phone banks for Terence Hallinan's campaign, ensuring effective outreach.

Furthermore, I worked on advocacy efforts for homelessness in San Francisco for Senator Mark Leno. In this capacity, I collected data and provided insights to help develop and support innovative programs aimed at addressing homelessness in the city.