



APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE

Name of Applicant: Laura Daly

Home Address: 21091 Powder Horn Rd City: Hidden Valley Lake ZIP: 95467

Mailing Address: Same City: _____ ZIP: _____

Occupation: Professor of ECE Email: LDaly@yccd.edu

Home Phone: (707) 987-9006 Work Phone: 707 809-7369 ← Home Office
(995-4810) Supervisorial District _____

Name of Board/Committee/Commission(s) you are interested in serving on:
Lake County Child Care Planning Council (LPC)

Board/Committee/Commission category under which you are applying, if applicable:
Public Agency

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
LPC Board Council 2005-2020, First 5 Commission 2012-2018 (I think)
LERC Board Member 2006-2012

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:
I am the Professor of ECE at Lake County Campus of Woodland Community College. I have an AS in ECE, a BS in ECE, an MA Ed in Child Development, and a doctorate in Educational Leadership

List community organizations to which you belong:
LPC, Lake County Campus Early Childhood Education (LCC ECE) Advisory Community - Chair

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)
No

List any affiliation you or your spouse has with public service agencies:
Board Member of Jesus Christ Fellowship - Middletown

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

Laura Daly
(Signature)

8/13/20
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95453
FAX (707) 283-2207

For Board Use Only:	
APPOINTED	YES <input type="checkbox"/> NO <input type="checkbox"/>
APPOINTED ON:	_____
TERM EXPIRES:	_____