



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

Name of Applicant: Jordan O'Halloran

Home Address: 11330 Loch Lomond^{Rd.} City: Middletown ZIP: 95461

Mailing Address: 890 Lakeport Blvd. City: Lakeport ZIP: 95453

Occupation: AFLP Case Manager Email: JordanO@lakefrc.org

Home Phone: (707) 279-0933 Work Phone: (408) 930-2993 Supervisorial District: Lake
ext 219

Name of Board/Committee/Commission(s) you are interested in serving on: Maternal, Child, Adolescent Health Advisory Board

Board/Committee/Commission category under which you are applying, if applicable: N/A.

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): N/A.

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 new to Social Services, and LFRC. I would love to learn different ways to better serve my clients and their needs.

List community organizations to which you belong: Lake Family Resource Center

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.)

N/A.

List any affiliation you or your spouse has with public service agencies: N/A.

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.

Jordan O'Halloran
(Signature)

12/13/17
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95453
FAX (707) 263-2207

For Board Use Only:	
APPOINTED	YES ___ NO ___
APPOINTED ON:	_____
TERM EXPIRES:	_____