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APR 1 2019

COUNTY OF LAKE  
BOARD OF SUPERVISORS

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

Name of Applicant: Jaleen White

Home Address: 6926 Laurel Del Dr City: Lucerne ZIP: 95458

Mailing Address: P.O. BOX 1476 City: Nice ZIP: 95464

Occupation: Family Services Coordinator Email: jaleenw@lakefrc.org

Cell Phone: (707) 342-1729 Work Phone: (707) 879-0563 Supervisorial District: \_\_\_\_\_

Name of Board/Committee/Commission(s) you are interested in serving on:

MCALH

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

Board Member

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 work for the Early Head Start and we serve many families throughout the community. Being on this board allows me to be in touch w/ other agencies & services that may help better serve our families.

List community organizations to which you belong:

I am chair of the Lake County Breastfeeding Coalition.

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.

[Signature]  
(Signature)

4/1/19  
(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: \_\_\_\_\_