



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

Name of Applicant: Miriam McNamara

Home Address: 1931 Mosswood Road City: Ukiah ZIP: 95482

Mailing Address: same as above City: _____ ZIP: _____

Occupation: NCO Head Start Program Director Email: mmcnamara@ncoinc.org

Home Phone: (707)272-1290 Work Phone: (707)462-2582 Supervisorial District _____

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

Board/Committee/Commission category under which you are applying, if applicable:
Provider Representative - Discretionary

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
Board Appointed Member of the Mendocino County Child Care Planning Council, serving since September 2016

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 have served on the LPC for Mendocino County for the past years and am currently the acting chairperson for their council. As the program director for the NCO Head Start Child Development Program I would like to have a more active role in the LPC in Lake County to better support our childcare providers and early educators.

List community organizations to which you belong:
Mendocino County Child Care Planning Council

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:
None

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.

Miriam McNamara
(Signature)

5/3/22
(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: _____