



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

Name of Applicant: Seanie M. Egger

Home Address: [REDACTED] City: Nice ZIP: 95464

Mailing Address: [REDACTED] City: Lakeport ZIP: 95453

Occupation: Education Coordinator/College Faculty Email: segger@lcthc.org / segger@mendocino.edu

Home Phone: (707)7582235 Work Phone: (707)2638382 ext. 131 Supervisorial District

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

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

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): Lake County Child Care Planning Council Member 9/2021-current

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:

To have more direct contact with surrounding agencies in the County as a representative for both Lake County Tribal Health Consortium's Parent Child Development Center and as a Child Development Adjunct Faculty at Mendocino College. I currently have a Master's in Psychology and previously taught Preschool 0-5 for 14 years, as well as being in an administrative roll at LCTHC since 2018.

List community organizations to which you belong:

Mendocino College Child Development Advisory Board

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:

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)

1/18/2024

(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: