



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

Name of Applicant: Soledad Aguayo

Home Address: 14625 Pearl Ave

City: Clearlake

ZIP: 95422

Mailing Address: PO Box 2632

City: Clearlake

ZIP: 95422

Occupation: Senior Interventionist/Grant Coordinator Email: soledad.aguayo@esnorcal.org

Home Phone: 707-791-5148

Work Phone: 408-728-5189

Supervisory District _____

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

Maternal, Child, and Adolescent Health Advisory Board

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

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

Lake Child Care Planning Council

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 would like to serve to offer my services and input to the mothers, children, and adolescents of Lake County. To make a difference and implement change for the betterment of our county.

List community organizations to which you belong:

Lake 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.)

N/A

List any affiliation you or your spouse has with public service agencies:

I hold a position of Senior Interventionist and Grant Coordinator with Easterseals Northern California.

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.

Soledad Aguayo

Soledad Aguayo (Nov 24, 2021 09:31 PST)

(Signature)

11/24/2021

(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: _____