



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

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:
Lake County Child Care Planning Council

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 County Child Care Planning Council-LPC, Maternal, Child, and Adolescent Health-MCAH

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 extremely interested and vested in the commitment to improved child care and the instruction of our youth. I am a Senior Interventionist with Easterseals Northern California that works with children 0-5 with or at risk of developmental delays, I have been with the company for nearly seven years. I am also the Grant Coordinator for the Early Learning Center's in both Clearlake and Lakeport and have had the honor of holding that post for 16 months.

List community organizations to which you belong:

MCAH

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.

Soledad Aguayo
(Signature)

12/7/2021

(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: _____