



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

Name of Applicant: Megan Handy

Home Address: 4830 Soda Bay Rd City: Kelseyville ZIP: 95451

Mailing Address: Same City: _____ ZIP: _____

Occupation: Child Development Director Email: mhandy@lakecoe.org

Home Phone: (707) 349 9180 Work Phone: (707) 263-4563 Supervisorial District Lake
ext. 214

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:

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
LPC: 2017 - Present

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:

In my current position at the Lake County Office of Education, I help oversee and support preschool services for over 300 Lake County families. The LPC helps to support me in this position majorly, and I am extremely grateful for their help.

List community organizations to which you belong:

Every Child California, County Offices of Education Program Administrators of Child Development (COEPACD), Region 1 After School Advisory Committee, California After School Network (CAN).

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.)

None.

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.

Megan Handy
(Signature)

December 7th, 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: _____