



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

Name of Applicant: Kimberly Gentle

Home Address: 3239 Westwood Drive City: Kelseyville ZIP: 95451

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

Occupation: Director of Programs at LakeFRC Email: king@lakefrc.org

Home Phone: (707)279-0977 Work Phone: (707)279-0563 Supervisorial District 5

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

Lake County Childcare Planning Council

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

Childcare Provider - Director of Early Head Start

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

Lake County Childcare 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 oversee multiple child and youth programs at Lake Family Resource Center that benefits from the work being done by the council. I have been a LPC Member for the past 15 years and would like to continue participating on the council to represent the children and families we serve.

List community organizations to which you belong:

Lake Family Resource Center

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:

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.

Kimberly Gentle
(Signature)

1-9-2023
(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: _____