



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

RECEIVED

NOV 22 2016

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Helaine Moore

Home Address: 9652 marmot way City: Kelseyville ZIP: 95451

Mailing Address: _____ City: _____ ZIP: _____

Occupation: WIC Program Director Email: hmoore@ecenter.org

Home Phone: (707) 2777045 Work Phone: (707) 2635253 Supervisorial District: #5

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

MCAH 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):

Current MCAH Board member - would like to continue

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:

the WIC program works directly with the MCAH population
MCAH sponsors trainings & shares pertinent information between
programs for better program services

List community organizations to which you belong:

Board member for LFRC Early Head Start - advisory board
work with Healthy Start & Children's 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.)

No

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.

Helaine Moore

(Signature)

11/18/16

(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: _____



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

RECEIVED**NOV 30 2016**COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Jaleen White

Home Address: 6926 Laurel Del Dr City: Lakeport ZIP: 95458

Mailing Address: P.O. BOX 1476 City: Nice ZIP: 95464

Occupation: ^{EHS} Education Coordinator Email: jaleenw@lakefrc.org

Home Phone: (707) 349-1729 Work Phone: (707) 279-0563 Supervisorial 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): N/A

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 the Education Coordinator at the Lake Family Resource Center. We serve many families w/ kids age birth to three. Being on this board will allow me to be better connected w/ other agencies and services in our county that may help to better our families.

List community organizations to which you belong:

Lake County Breastfeeding Coalition

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:

My husband is Deputy Director of Animal Control.

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.

J White
(Signature)

11-28-16
(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: _____

*Strengthening Families***RECEIVED****NOV 30 2016**COUNTY OF LAKE
BOARD OF SUPERVISORSLake Family Resource Center
Early Head Start-Lakeport
5350 Main St.
Kelseyville, CA 95451(707) 262-1379 FAX 262-0344
279-0563**FAX COVER SHEET**DATE: 11-29-16RE: Application for Appointment D.O.B
to county of Lake Advisory Board, commission or committee
TO: Clerk of the Board of Supervisors ATTENTION: MEDICAL RECORDS
FROM: LERC Early Head Start # OF PAGES INCLUDING COVER: 2SENDERS INITIALS: ju☐ We would like to receive this information in the next couple of days please if possible.☐ We need this information as soon as possible to prevent being out of compliance with our funders, thank you.

MESSAGE:

-Enclosed is my application to be on the
Advisory Board for M.C.A.H. for review
Thank-you :)

We appreciate all your hard work in getting this information to us in a timely fashion. If there is anything we could do to make this easier for you, please let us know

CONFIDENTIALITY NOTICE

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

Name of Applicant: Kim Tangermann
Home Address: 19348 MountainMeadow N. City: HVL, CA ZIP: 95467
Mailing Address: Same City: _____ ZIP: _____
Occupation: Clinic Director Email: ktangermann@mchcinc.org
Home Phone: 707 328 9367 Work Phone: 707 262 3228 Supervisorial District _____

Name of Board/Committee/Commission(s) you are interested in serving on:
maternal child and Adolescent Health Adv. 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):

Middletown Unified School Board

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 have enjoyed serving on this board for the last several years and look forward to continue to be an asset as we continue to make improvement in the care and resources for Lake Counties Youth and

List community organizations to which you belong:

Parents Safe Rx Lake Co. steering committee member

Board member - Hope Rising

Advisory member - HLN

member - Health Ed. Coalition

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.

Kim Tangermann
(Signature)

11.21.16
(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___

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TERM EXPIRES: _____