



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

RECEIVED

MAR 09 2017

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Jacklyn Ley

Home Address: 2080 Scotts Valley Road City: Lakeport ZIP: 95453

Mailing Address: 2080 Scotts Valley Road City: Lakeport ZIP: 95453

Occupation: Mother-Wise Program Director Email: jacklyn@motherwise.org

Home Phone: (707) 222-0640 Work Phone: (707) 349-1210 Supervisorial District: 4

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

MCAH Advisory Board

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

Member

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

Previous MCAH Advisory Board Member

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 work w/ expecting a new mom to prevent perinatal mood and anxiety disorders. I am also a member of the suicide prevention task force.

List community organizations to which you belong:

Suicide Prevention Task Force member, ASIST trainer
Mother-Wise
MCAH Advisory Board KFFZ

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:

Spouse is employed w/ Lake Co. Air Quality Management District.

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.

Jacklyn Ley
(Signature)

2/10/2017
(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: _____