



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

Name of Applicant: Gloria Bradford

Home Address: 5465 Central Ave City: Ukiah ZIP: 95482

Mailing Address: Same as above City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: Children's Services Manager Email: gbradford@ncoinc.org

Home Phone: (707) 621-2065 Work Phone: (707) 462-3403 Supervisorial District N00 Head Start  
X121

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:

Public Agency

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

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 worked for NCO Head Start for 19 years and have been a member of the LCC for around 10 yrs. I enjoy being a part of the Early Care + Education Community, helping them further the field. I have been a supervisor for all of these years and want to share my expertise with others.

List community organizations to which you belong:

Boy Scouts of America  
Grace Bible Fellowship  
Beta Sigma Phi

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:

Boy Scouts of America, American Legion

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.

Gloria Bradford  
(Signature)

1/8/20  
(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: \_\_\_\_\_