

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

Name of Applicant: Massa Poss	Har	3011
Name of Applicant: Mary Pra	nices .	manager is a second or a second state
Home Address: Sw pour Creek R	2 City: Ceb	b ZIP: 95426
Mailing Address: P. O. Box 146		abb zip: 95426
Occupation: Grant Coord. /E	I. Email: mp	rather @ esporal.org
Home Phone: (707) 349-101 Work I	Phone: (707) 413 6920 Su	pervisorial District 5
Name of Board/Committee/Commission(s)	you are interested in serving on	oper teen wist offste fant grussrigeren offic
Lake County Childcare Pl	anning Council	of the latest the same and the same of the
Board/Committee/Commission category u	nder which you are applying, if an	oplicable:
ist past or present County appointments,	<b>J</b>	ce appointments, or elected positions
neld (please list dates served):	- Ziffettermagne - Zintra, terremunt	manufaces what cocurs of two case olders
LPC member 2009 on Redwood empire Assoc. For	Education of Young	children ( or 4 ) 2011- presen
	,	.80
Please briefly explain why you would like t position and any other information you wo	uld like to include as part of your	application: I may be a provided and a second a second and a second and a second and a second and a second an
Early Child hood Educ	ation working wit	the community agencie
* families to grun kni	owledge of child	bever opinion .
List community organizations to which you	belong:	record to collect yet liber a secur
LPC	and it is a recommendation that promperior	suit inti no nertagiornas proti niciade b
Reduced AEYC	program meeting,	councils in take
	and an inches the control of the con	
Convictions and Penalties – Have you eve penalties. (Convictions are evaluated for e		
no reducion no rocument de doitive la s	compa arti vd battimdua issoci	A are in direct compilation with a pro-
List any affiliation you or your spouse has	with public service agencies:	The state of divided the same of the same
I certify that the above information is	s true and correct, and I have rea	d the Lake County Advisory Board.
Committee and Commission Conflic my knowledge, I have no conflict of	t of Interest Policy. I agree to ab interest.	ide by that policy and to the best of
may Prath	bas Inaminavog varuad ar South of state vingual to	1912020 Royani Milana i Ana
(Signature)		(Date) during the description of
PLEASE RETURN COMPLETED FORM TO:	Clerk of the Board of Supervisors 255 N. Forbes St.	For Board Use Only: APPOINTED YESNO
	Lakeport, CA 95453 FAX (707) 263-2207	APPOINTED ON:
		TEDM EVDIDES.