



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

Name of Applicant: Jamie Castaldo

Home Address: 21594 Yankee Valley Rd City: Hidden Valley Lake ZIP: 95467

Mailing Address: 21594 Yankee Valley Rd City: Hidden Valley Lake ZIP: 95467

Occupation: Resource Referral Manager Email: jcastaldo@ncoinc.org

Home Phone: (707) 355-0388 Work Phone: (707) 994-4018 Supervisorial District:

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:

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

Previously served as LPC Board member - several terms 2002-2015

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 would like to serve the LPC because the organization works to provide meaningful
intentional positive outcomes and supports for child care, children and
families in the community. As a previous member and more recently an
observer, I appreciate the focus on common goals & respect shown all participants.

N/A List community organizations to which you belong: my experience in child care began with in-home
except care, teaching preschool for a private center and National Comm. Child Care.
I would love the opportunity to participate in this work as well
as broaden my knowledge in the child care field.

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.

Jamie Castaldo
(Signature)

9-4-2020
(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: _____