



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

Name of Applicant: Daphne Colacion
Home Address: 14000 Nelson Lane City: Cobb ZIP: 95426
Mailing Address: P.O. Box 911 City: Cobb ZIP: 95426
Occupation: Human Service Program Manager Email: dcolacion@lcthc.org
Home Phone: (707) 580-9614 Work Phone: (707) 533-3437 Supervisorial District: 1

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

Maternal Adolescent Child Health 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 expertise in the Lake County Tribal communities and in home visiting w/ Tribal families.

List community organizations to which you belong:

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.

[Signature]
(Signature)

12.21.2020
(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: _____