



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

Name of Applicant: Helaine Moore

Home Address: _____ City: _____ ZIP: _____

Mailing Address: 831 Bevins St. City: Lakeport CA ZIP: 95453

Occupation: E Center WIC Program Director Email: hmoore@ecenter.org

Home Phone: (707) 2456898 Work Phone: (707) 2635253 Supervisorial District: _____

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

as Director of the WIC - Women Infant & Children Supplemental Food program in Lake County - I have years of experience working with Lake County young families providing parenting support, providing nutrition expertise & health fairs

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.

Helaine Moore
(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: _____