



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

Name of Applicant: Kimberly Gentle

Home Address: [REDACTED]

Mailing Address: same

City: [REDACTED]

ZIP: [REDACTED]

Occupation: Director of Child & Youth Programs at LakeFRC

Email: [REDACTED]

Home Phone: [REDACTED]

Work Phone: [REDACTED]

Supervisory District 5

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

Lake County Childcare Planning Council

Board/Committee/Commission category under which you are applying, if applicable:

Childcare Provider - Director of the Early Head Start Program

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

Lake County Childcare 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 oversee multiple child and youth programs at Lake Family Resource Center that benefit from the work being done by the council. I have been a LPC Member for the past 17 years and would like to continue participating on the council to represent Lake County children and their families.

List community organizations to which you belong:

Lake Family Resource Center

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.)

n/a

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.

Kimberly Gentle
(Signature)

1-26-2024
(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: