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

Name of Applicant: Megan Handy

Home Address: [redacted] City: Kelseyville ZIP: 95451

Mailing Address: Same as above City: _____ ZIP: _____

Occupation: Director of Extended Learning Konocti Unified School Email: megan.handy@konoctiusd.org

Home Phone: [redacted] Work Phone: [redacted] Supervisorial District: District 4

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:
Voting Member.

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
Lake County Child Care Planning Council - voting member - 2017 - current.

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:
With over a decade of experience serving children & families in Lake Co, I believe I possess have the experience and qualifications that are necessary in this position. I demonstrate skills in collaboration policy development, advocacy, and I am passionate about aligning initiatives

(over)

List community organizations to which you belong:
• Blue Zones, Lake County Project • Konocti Youth Soccer League. • Kelseyville Little League • Region 1 advisory committee for Expanded Learning. • Kelseyville Pear Festival.

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.

Megan Handy (Signature)

November 20th, 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: _____

... aligning initiatives with the needs of children and families in our community. I am committed to continuing efforts that prioritize the welfare of children, empower caregivers, and strengthen and support the Lake County child care system. ♥