



A Tradition of Stewardship
A Commitment to Service

RECEIVED

MAY 17 2012

COUNTY OF NAPA
EXECUTIVE OFFICE

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4421
Fax: (707) 253-4176

Nancy Watt
County Executive Officer

May 10, 2012

LOLA CORNISH

NAPA CA 94559

Re: Napa County Child Care Planning Council

Dear Ms. Cornish:

The term of your position representing the Napa County Child Care Planning Council expires on June 30, 2012.

If you wish to request reappointment, please check the boxes below, sign where indicated, and return this letter to the County Executive Office. When the letter has been returned, your name will be forwarded to the Board of Supervisors for consideration for reappointment to another three-year term, as you have been a valued member of the Napa County Child Care Planning Council.

If any of the information on your last application for appointment has changed or is 5 years or older please contact the Napa County Executive's Office to obtain a new application, and submit the completed new application when returning this letter.

-
- ☐ Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa County Child Care Planning Council for the term commencing immediately and expiring June 30, 2015.
- ☐ I confirm by signing below that all the information on my application is current; or
- ☒ Some of the information on my prior application is no longer correct. A new application is attached.

A handwritten signature in cursive script, reading "Lola M. Cornish-Sickens".

SIGNATURE

5/16/12

DATE

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Napa, CA 94559-3082
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eAFA

**APPLICATION FOR APPOINTMENT TO
BOARD, COMMISSION, COMMITTEE OR TASK FORCE**

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PLEASE TYPE OR PRINT (Complete pages 1 through 3)

This application may be subject to disclosure under the Public Records Act.

*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Napa County Child Care & Development Council

*Category of membership for which you are applying:

*(This information can be found on the news release announcing the opening.
You may apply for more than one category if more than one position is open.)*

At large

*Supervisory District in which you reside:

2

*Full Name

Lola M. Cornish-Nickens

Date

5-16-12

*Current Occupation (within the last twelve (12) months):

CCRP Program Manager
Community Resources for Children

Current License (Professional or Occupational); Date of issue and/or expiration including status:

N/A

Education/Experience: *(A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.)*

Finishing a BS in Early Childhood Education at Pacific
Union College.
I have been working in/studying the field of ECE
since 1987.

Community participation (nature of activity and community location):

California Child Care Resource & Referral Network Board of Directors
Solano-Napa AEYC Board (secretary)
NapaLit Board (chair)
GSMOL/SME Chapter Board (secretary)

Other County Board/Commission/Committee on which you serve/have served:

N/A

* Denotes Mandatory Entry Required

Application for Appointment to: (Name of Board, Commission, Committee or Task Force) planningNapa County Child Care Development Council

Names, addresses and phone numbers of three (3) individuals familiar with your background:

*Name

Sally Archambault

*Address

[REDACTED]

*City

Napa

*State *Zip Code

CA94558

*Telephone

[REDACTED]

*Name

Diana Short

*Address

[REDACTED]

*City

Sonoma

*State *Zip Code

CA95476

*Telephone

[REDACTED]

*Name

Vinian Quail

*Address

[REDACTED]

*City

Napa

*State *Zip Code

CA94558

*Telephone

[REDACTED]

Name and occupation of spouse within the last 12 months, if married (for Conflict of Interest purposes):

Marc Nickens, laborer

*Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute:

I have been serving on the Council for many years and am deeply committed to working on child care related issues in Napa County and throughout the State.

Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Napa County Child Care & Development Planning Council

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

All applications will be kept on file for one year from the date of application

PERSONAL INFORMATION

The following information is provided in confidence to the extent that it will not be posted on the Internet, but may be used by the Board of Supervisors when making the appointment, or be used by the committee/commission/board/task force following appointment for purposes of communicating with the appointee.

Full Name

Lola Cornish-Nickens

*e-mail Address

[REDACTED]

*Home Address

[REDACTED]

*Work Address

[REDACTED]

*City

NAPA

State

CA

*Zip Code

94558

*City

Napa

State

CA

Zip Code

94558

*Telephone

[REDACTED]

Telephone

[REDACTED]

Please Read!