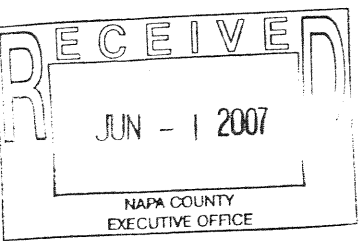


# Napa County Child Care Planning Council

## Membership Application



### Applicant Information

Name: Cathi Bickford Date: May 22, 2007

Home Address: [REDACTED] Phone: [REDACTED]

[REDACTED] Fax: [REDACTED]

Business Address: [REDACTED] Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Email: [REDACTED]

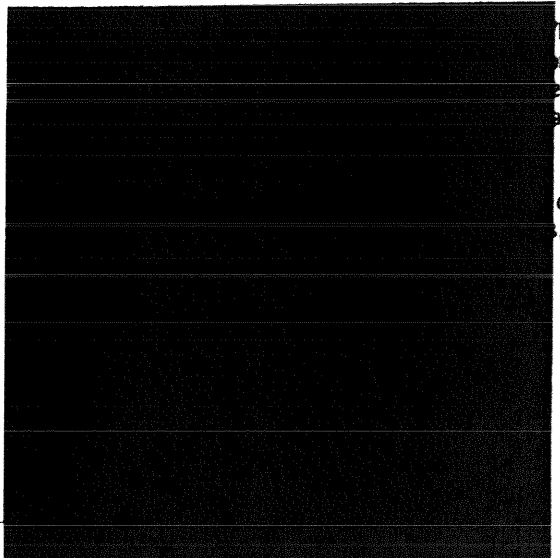
### Membership Categories

Please check category(s) which best reflect your potential member contribution

[20%] **CONSUMER**, defined as a parent or person who receives, or who has received within the past 36 months, child care services.

[20%] **CHILD CARE PROVIDER**, defined as a person who provides child care services or represents persons who provide child care services, reflective of the range of child care providers in the county.

[20%] **PUBLIC AGENCY REPRESENTATIVE**, defined as a person who represents a city, county, city and county, or local education agency.



...E, defined as a person who represents an agency or ... or child care services, or who advocates for child care ... services through participation in civic or community ... re provider and does not represent an agency that ... and development services.

... defined as an appointee from any of the above ... in the discretion of the appointing agencies.

Current Occupation (within last 12 months)

Wife, Mother and Professional Foster Mom of Medically Fragile Babies

Business Interests (within last 12 months)

Anything involving my kids, school, cheer, doctors, therapy, etc

Please list the names, addresses and phone numbers of three (3) individuals familiar with your background:

Theresa Nikolaisen [redacted]  
Doris Gentry, [redacted]  
Deborah Loveless, [redacted]

Name and occupation of spouse within last 12 months, if married.

Bill Bickford (only spouse for almost 40yrs) retired/self-employed

List relevant education, experience, and qualifications or, skills that you possess:

\* If additional space is needed, please attach additional sheets.

- Worked special ed for many years before becoming a foster parent
- foster parent 26+ years
- helped care for children since jr. high school

Explain why you wish to be considered for LPC membership:

Why not?

Signature:

Cathi Bickford

Date:

May 22, 2007

Return this application to:

Napa County Child Care Planning Council  
C/O Napa County Office of Education  
2121 Imola Avenue  
Napa, CA 94559  
Attention: LPC Coordinator

Thank you for your interest in serving on the Napa County Child Care Planning Council. Your application will be reviewed for membership selection upon vacancy(s) in the categories previously listed on this form. All applications will be kept on file for one year from the date of receipt.