## Napa County Child Care Planning Council

## Membership Application

## **Applicant Information**

| Nam                  | ne: _Teresa Zimny   | Date: _                            | 4/6/2001                                    |
|----------------------|---|------------------------------------|---|
| Hom                  | ne Address:   | Phone                              |   |
|                      |   | Fax                                |   |
| Busi                 | ness Address:   | Phone:                             |   |
|                      |   | _ Fax: _                           |   |
| Ema                  | il:   |                                    |   |
|                      |   |                                    |   |
| Mem                  | bership Categories  |                                    |   |
| Pleas                | se check category(s) which best reflect your potential me   | ember contribu                     | tion  |
|                      | [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.   |                                    |   |
| X                    | [20%] PUBLIC AGENCY REPRESENTATIVE, defined as a person who represents a city, county, city and county, or local education agency.  |                                    |   |
|                      | [20%] COMMUNITY REPRESENTATIVE, defined as a person who represents an agency or business that provides private funding for child care services, or who advocates for child care services, or who advocates for child care services through participation in civic or community based organizations, but is not a child care provider and does not represent an agency that contracts with CDE to provide child care and development services. |                                    |   |
|                      | [20%] AT LARGE REPRESENTATIVE, defined as an appointee from any of the above categories or outside of these categories, in the discretion of the appointing agencies.   |                                    |   |
| ALTER                | RNATES  |                                    |   |
| alternat<br>The alte | nember may designate an alternate, if s/he chooses at the time is subject to approval by the Board of Supervisors and/or the ernate must be representative of the member's category. The tee meeting and speak and vote for the member in case of the   | ne County Super<br>alternate may a | intendent of Schools.<br>ttend a regular or |
|                      | I wish to designate an alternate. Name *Complete and attach separate application for designated alternate   |                                    |   |

| Current Occupation (within last 12 months)  |  |  |  |
|---|--|--|--|
| Program Manager, Health and Human Services  |  |  |  |
| Business Interests (within last 12 months)  |  |  |  |
| Please list the names, addresses and phone numbers of three (3) individuals familiar with |  |  |  |
| your background:  |  |  |  |
| Terry Longoria  |  |  |  |
| Lisa Fletcher 2   |  |  |  |
| Judy Brian  |  |  |  |
| Name and occupation of spouse within last 12 months, if married.                          |  |  |  |
| Eric Zimny, Compliance Office HHS   |  |  |  |

NCOE Grant Center

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

Bachelor Degree, Psychology. 8 years as program manager and 16 + years in social services. Skills include good communication, including written and oral presentation; organization skills; interpretation of regulations and other State policies. I have knowledge of child care concerns both as a parent and an agency that provides child care funding for low income families. Additionally, have participated on the child care planning council for one term, officially, and for a few years prior to AB1542.

## Explain why you wish to be considered for LPC membership:

I believe with my knowledge and abilities I can contribute a great deal to the decisionmaking of the council. I am also a parent who has used child care in the past and can appreciate the needs and concerns of the availability and quality of child care in this community.

Signature:

<sup>\*</sup> If additional space is needed, please attach additional sheets.