## RECEIVED

## APPLICATION FOR APPOINTMENT TO COUNTY BOARDS/COMMISSIONS AND COMMITTEES

Instructions: You may fill out this application on-line by tabbing between fields. After you have completed the form, with the application by clicking on the Print button at the bottom of the page. Alternatively, you may print the blank form and fill it out by hand. You must sign and date the application. Attach any additional documents and mail to the address at the bottom of the form.

Name of Board/Commission/Committee as liste	d on announcement:
Local Planning Council	
Filing Period (as listed on the announcement):	7/1/18
Type of Member: Consumer	Incumbent? ( Yes No
Name: Last Hardin	First Jolene
Residence Address (Must be a resident of Nevad	a County) Mailing Address, if different from residence
Address	Address
City	City State Zip Code
Supervisorial District 1 through 5 (Aavailable from Election Office, 265-1298)	Home Phone with area code Unlisted?
Email Address	Work Phone with area code Extension 338
Time(s) available to attend meetings (days, ever	nings, etc.)
Monday evenings 5-6:30, once a month	
<b>Experience:</b> A resume, or additional sheets, <u>ma</u> evaluating your application.  Education/Employment Experience	y be attached containing any information that would be helpful to the Board in
achievable despite uniques challenges that may arise. I love Site Supervisor of Silver Springs Early Head Start and worked Silver Springs High School. In this position I was able to work Community Experience and Affiliations  I served on the Head Start Parent Policy Council for two year	a passion of mine as I had my first child when I was 18. I know from experience that goals and dreams are to share this perspective with young parents and support then in their journey. Prior to this position I was the d with KidZKount PCAC for 5 years. This site was and still is in partnership with the Young Parents Program at k with teen parents, that were working toward competing High School, as well as their children and families.  The sum of
Other County Boards, Commissions, or Committ	tees on which you have served:
CSN-CAPC, Breastfeeding Coalition Council	
l am a mother of 4 children ages 17, 9, 5, and 3. The older tw attended a State Preschool Program in Nevada County. Both	he Board of Supervisors in making this appointment:  yo went through Early Head Start programs, my oldest continued through Head Start Preschool. My 9 year old  h my 9 & 5 year old went through Transitional Kindergarten. My 3 year old is currently attending a local In-home supported me in attaining my goals. I am honored to have the opportunity to represent parents of Nevada Cour
while advocating for quality child	
References: Please list two references with telep	none numbers
Applicants <u>may</u> be required by State Law and Count may be viewed at <u>http://www.fppc.ca.gov</u> . An Oat I have reviewed the <u>Financial Disclosure Statement</u> re	
Signature Jolene Harden	Date <u>Jone</u> 5, 2018

Applications must be filed with: Clerk of the Board of Supervisors, County of Nevada, 950 Maidu Ave., Nevada City CA

95959-8617. This application is a public document.

Print Form

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