

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD APPOINTMENT SUMMARY**

Meeting Date: August 15, 2006

Department: Community Services

Advisory Board Name: Head Start/Early Head Start Policy Council

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: appointment of the following parent representatives to the Head Start/Early Head Start Policy Council for a term of three (3) years or less, as indicated on the Board Appointment Information Form, effective August 15, 2006.

PARENT REPRESENTATIVE AND ALTERNATE(S) BY CENTER
(R) = Representative (A) = Alternate

Seat ID #Boynton Beach

10 Tracy Saunders (R)
Torlande Saintizaire (A)
Blanca L. Mendoza (A)

Seat ID #Jupiter

11 Silvia Nava (R)
Carlos Nava (A)
Roseline Dominique (A)

Seat ID #South Bay

12 Virginia Powell (R)
Jarquette Cumberbatch (A)
Sylvia Treto (A)

Seat ID #Palm Glades

13 Jessica Ramirez (R)
Roscio Ortega (A)

Seat ID #Delray Beach

14 Nykia Taylor (R)

Seat ID #Pahokee

15 Brenda Walker (R)
Snowie Austin (A)

Seat ID #Westgate

16 Shaketa Brown (R)
Felisha Knight (A)

Seat ID #Lake Worth

17 Jennifer Digelio (R)
Andrea Poitier (A)
Lucia Abrego (A)

Seat ID #Riviera Beach

18 Kenneth Higgins (R)
Tieya Kingdom (A)
Shu'Karrie Washington (A)

Seat ID #West Palm Beach

19 Norlaie Nunez (R)
Claudia M. Johnson (A)

Seat ID #Union Baptist

20 Bondretta Davis (R)
Fradley Joseph (A)

Seat ID #Delray Beach EHS

21 Nadleen Seraphin (R)

Seat ID #Easter Seals

22 Sumya Abbas (R)
Nadine Burke (A)

Seat ID #Family Day Care, EHS

23 Mervin Carey (R)

Seat ID #Home Base, EHS

24 Lakesha Howard (R)

Summary: The term of appointment for parent representatives and alternates to the Head Start Policy Council is three (3) years, and requires that the parent representative/alternate be a parent of a child enrolled in the Head Start program. The Head Start Policy Council approved the nominations at its June 28, 2006 meeting. (Head Start) Countywide (TKF)

Background and Justification: Resolution Number R2000-1866, dated 11/21/00, the Board has repealed and replaced Resolution Number R-92-444, due to the growth of the program and to incorporate the Early Head Start Program.

Attachments:

1. Board Appointment Information Forms

Recommended by: _____

Department Director

Date

[Signature]

7-25-2006

Legal Sufficiency: _____

Assistant County Attorney

Date

[Signature]

8-1-06

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

REVISED 010/02

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Representative - Boynton Beach Seat # 10

**Reappointment or New Appointment

or to complete the term of _____
due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Tracy Saunders

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 401 SE 23rd Avenue

City & State: Boynton Beach, FL Zip Code: 33435

Home Phone: (561 214 - 0127) Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Same as above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Alternate - Boynton Beach Seat # 10 - A

**Reappointment or New Appointment

or to complete the term of _____
due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Torlande Saintizaire

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 3255 Grove Road

City & State: Boynton Beach, FL Zip Code: 33435

Home Phone:(561) 540 -5826 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

<input type="checkbox"/> JIF (American Indian Female)	<input type="checkbox"/> JIM (American Indian Male)
<input type="checkbox"/> JAF (Asian Female)	<input type="checkbox"/> JAM (Asian Male)
<input type="checkbox"/> JBF (Black Female)	<input checked="" type="checkbox"/> JBM (Black Male)
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Part III: COMMISSIONER COMMENTS

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___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Alternate Boynton Beach Seat # 10 - B

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Blanca L. Mendoza

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 7500 Sand Castle Blvd.

City & State: Boynton Beach, FL Zip Code: 33462

Home Phone: N/A Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Same As Above

Minority Identification Code:

- | | |
|---|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
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Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

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Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Alternate - Jupiter Seat # 11- A

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Carlos Nava

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 12832 Woodmill Drive

City & State: Palm Beach Gardens, FL Zip Code: 33410

Home Phone: (561) 622 - 1879 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See above

Minority Identification Code:

<input type="checkbox"/> IF (American Indian Female)	<input type="checkbox"/> IM (American Indian Male)
<input type="checkbox"/> AF (Asian Female)	<input type="checkbox"/> AM (Asian Male)
<input type="checkbox"/> BF (Black Female)	<input type="checkbox"/> BM (Black Male)
<input type="checkbox"/> HF (Hispanic Female)	<input checked="" type="checkbox"/> HM (Hispanic Male)
<input type="checkbox"/> WF (White Female)	<input type="checkbox"/> WM (White Male)

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Signature: _____

Date: _____

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Term of Appointment: 3 years. From 08/15/06 To 9/30/09

Seat Requirement Alternate - Jupiter Seat # 11 - B

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Roseline Dominique

Occupation/Affiliation: Security Guard

Business Name: US Security Association Inc.

Business Address: 200 Morsell Court Suite 500

City & State: West Palm Beach, FL Zip Code: 33415

Residence Address: 5524 Eagle Lake Drive #68B

City & State: Palm Beach Gardens, Florida Zip Code: 33418

Home Phone: (561) 776 - 8982 Business Phone: (561) 689-2816

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
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| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
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Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
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Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Alternate - South Bay Seat # 12 -A

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Jarquette Cumberbatch

Occupation/Affiliation N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: _____

Residence Address: 632 W Avenue A, # 1

City & State: Belle Glade, FL Zip Code: 33430

Home Phone: (561) 985- 2915 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
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Date: _____

**PALM BEACH COUNTY
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Part I:

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Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Alternate - South Bay Seat # 12 - B

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Sylvia Treto

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State N/A Zip Code _____

Residence Address: 200 SE Avenue G.

City & State: Belle Glade, FL Zip Code: 33430

Home Phone: (561) 261-1449 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (American Indian Female) | <input type="checkbox"/> IM (American Indian Male) |
| <input type="checkbox"/> AF (Asian Female) | <input type="checkbox"/> AM (Asian Male) |
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**PALM BEACH COUNTY
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Part I:

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Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Representative Palm Glades Seat # 13

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Jessica Ramirez

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 941 NE 26th Street

City & State: Belle Glade, FL Zip Code: 33430

Home Phone: 561-996-3328 Cell: 561-210-3477 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

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|---|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
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Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08/15/06 To 9/30/09

Seat Requirement: Alternate - Palm Glades Seat # 13 -A

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Roscio Ortega

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 224 SW Avenue D. Apt. 2

City & State: Belle Glade, FL Zip Code: 33430

Home Phone: (561) 993 - 2298 Business Phone: (561) 992-1330

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (American Indian Female) | <input type="checkbox"/> AIM (American Indian Male) |
| <input type="checkbox"/> AF (Asian Female) | <input type="checkbox"/> AM (Asian Male) |
| <input type="checkbox"/> BF (Black Female) | <input type="checkbox"/> BM (Black Male) |
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Part III: COMMISSIONER COMMENTS

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Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
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Part I:

Board Name: Head Start Policy Council

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Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Representative - Delray Seat # 14

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Nykia Taylor

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: _____

Residence Address: 5510 S 37th Street

City & State: Lake Worth, FL Zip Code: 33463

Home Phone: (561) 853-5563 Business Phone: (561) 272-6076

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
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**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08/15/06 To 9/30/09

Seat Requirement: Representative - Pahokee Seat # 15

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Brenda Walker

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 327 Seminole Court

City & State: Pahokee, FL Zip Code: 33476

Home Phone: (561) 924 - 9679 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> AIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
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**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
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Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Alternate Pahokee Seat # 15 A

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Snowie Austin

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 378 Cypress Avenue

City & State: Pahokee, FL Zip Code: 33476

Home Phone: (561) 924 -7011 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> AIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
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Part III: COMMISSIONER COMMENTS

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**PALM BEACH COUNTY
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Part I:

Board Name: Head Start Policy Council

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Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Representative - Westgate Seat # 16

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Shaketa Brown

Occupation/Affiliation: Unknown

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 6077 Newtonwood Lane

City & State: West Palm Beach Zip Code: 33417

Home Phone: 561-683-0468 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|---|---|
| <input type="checkbox"/> IF (American Indian Female) | <input type="checkbox"/> AIM (American Indian Male) |
| <input type="checkbox"/> AF (Asian Female) | <input type="checkbox"/> AM (Asian Male) |
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Date: _____

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Seat Requirement: Alternate - Westgate Seat # 16 -A

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Felisha Knight

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 1370 W. Scottsdale Road

City & State: West Palm Beach, FL Zip Code: 33417

Home Phone: (561) 686-9963 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|---|---|
| <input type="checkbox"/> IF (American Indian Female) | <input type="checkbox"/> AIM (American Indian Male) |
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Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Representative - Lake Worth Seat # 17

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Jennifer Digelio

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 6914 Athena Drive

City & State: Lake Worth, FL Zip Code: 33463

Home Phone: (561) 439-5062 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input checked="" type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Alternate Lake Worth Seat # 17 -A

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Andrea Poitier

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State N/A Zip Code: N/A

Residence Address: 722 Pine Circle

City & State: Greenacres Zip Code: 33463

Home Phone: (561) 649-4296 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Alternate Lake Worth Seat # 17 - B

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Lucia Abrego

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 7121 15th Avenue South

City & State: Lake Worth, FL Zip Code: 33463

Home Phone: (561) 585-4582 Business Phone: _____

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|---|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input checked="" type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Alternate - Riviera Beach Seat # 18 -A

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Tieya Kingdom

Occupation/Affiliation: Unknown

Business Name N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 961 West 37th Street Apt. 1

City & State: Riviera Beach, Fl Zip Code: 334 04

Home Phone: (561) 863-7821 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Alternate - Riviera Beach Seat # 18 -B

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Shu'Karrie Washington

Occupation/Affiliation: Unknown

Business Name N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 1456 West 31st Street

City & State: Riviera Beach, Fl Zip Code: 334 04

Home Phone: (561) 541-8269 Business Phone: (561) 667-1799

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 09 / 30 / 09

Seat Requirement: Representative - West Palm Beach Seat # 19

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Norlaie Nunez

Occupation/Affiliation: Unemployment

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 4450 Portofino Way # 210

City & State: West Palm Beach, FL Zip Code: 33409

Home Phone: (561) 601-7030 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> AIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08/15/06 To 9/30/09

Seat Requirement: Representative Union Baptist Seat # 20

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Bondretta Davis

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: _____

Residence Address: 1708 Loxahatchee Drive

City & State: West Palm Beach, FL Zip Code: 33407

Home Phone: N/A Business Phone(561) N/A

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 09 / 30 / 09

Seat Requirement: Alternate - Union Baptist Seat # 20 - A

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Fradley Joseph

Occupation/Affiliation: Unknown

Business Name: Unknown

Business Address: Unknown

City & State: Unknown Zip Code: N/A

Residence Address: 26 E 21st # 3

City & State: Riviera Beach, FL Zip Code: 33404

Home Phone: (561) 844 - 4845 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|---|--|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> AIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input checked="" type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement: Representative - Early Head Start - Delray Early HeadStart Seat # 21

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Nadleen Seraphin

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 690 Auburn Circle # B

City & State: Delray Beach, FL Zip Code: 33444

Home Phone: (561) 503-7889 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

See Above

Minority Identification Code:

- | | |
|---|--|
| <input type="checkbox"/> IF (American Indian Female) | <input type="checkbox"/> IM (American Indian Male) |
| <input type="checkbox"/> AF (Asian Female) | <input type="checkbox"/> AM (Asian Male) |
| <input checked="" type="checkbox"/> BF (Black Female) | <input type="checkbox"/> BM (Black Male) |
| <input type="checkbox"/> HF (Hispanic Female) | <input type="checkbox"/> HM (Hispanic Male) |
| <input type="checkbox"/> WF (White Female) | <input type="checkbox"/> WM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 2 years. From 08/15/06 To 09/30/08

Seat Requirement: Representative Easter Seals Seat # 22

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Sumya Abbas

Occupation/Affiliation: Unemployed

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 4180 Bear Lakes Court # 108

City & State: West Palm Beach, FL Zip Code: 33409

Home Phone (561): 686-4380 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input checked="" type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08/15/06 To 9/30/09

Seat Requirement: Alternate - Easter Seals Seat # 22 - A

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Nadine Burke

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: N/A

Residence Address: 219 Lainhart Court

City & State: West Palm Beach Zip Code: 33409

Home Phone: 561-255-5186 Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input checked="" type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement Representative Early Head Start - Family Day Care Seat # 23

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Mervin Carey

Occupation/Affiliation: _____

Business Name: N/A

Business Address: N/A

City & State: _____ Zip Code: _____

Residence Address: 8693 Doveland Villas

City & State: Pahokee, FL Zip Code: 33476

Home Phone: (561) 902-4177 Business Phone: 924-5800

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|---|---|
| <input type="checkbox"/> IIF (American Indian Female) | <input type="checkbox"/> IM (American Indian Male) |
| <input type="checkbox"/> AF (Asian Female) | <input type="checkbox"/> AM (Asian Male) |
| <input type="checkbox"/> BF (Black Female) | <input checked="" type="checkbox"/> BM (Black Male) |
| <input type="checkbox"/> HF (Hispanic Female) | <input type="checkbox"/> HM (Hispanic Male) |
| <input type="checkbox"/> WF (White Female) | <input type="checkbox"/> WM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: Head Start Policy Council

At Large Appointment or District Appointment

Term of Appointment: 3 years. From 08 / 15 / 06 To 9 / 30 / 09

Seat Requirement Representative Early Head Start - Home Based Seat # 24

**Reappointment or New Appointment

or to complete the term of _____

due to: resignation other _____

completion of term to expire on: _____

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Lakesha Howard

Occupation/Affiliation: N/A

Business Name: N/A

Business Address: N/A

City & State: N/A Zip Code: _____

Residence Address: N/A

City & State: N/A Zip Code: N/A

Home Phone: N/A Business Phone: N/A

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

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|---|--|
| <input type="checkbox"/> IF (American Indian Female) | <input type="checkbox"/> IM (American Indian Male) |
| <input type="checkbox"/> AF (Asian Female) | <input type="checkbox"/> AM (Asian Male) |
| <input checked="" type="checkbox"/> BF (Black Female) | <input type="checkbox"/> BM (Black Male) |
| <input type="checkbox"/> HF (Hispanic Female) | <input type="checkbox"/> HM (Hispanic Male) |
| <input type="checkbox"/> WF (White Female) | <input type="checkbox"/> WM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: _____

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: _____

Date: _____