

APPLICATION FOR APPOINTMENT TO A  
SAN LUIS OBISPO COUNTY BOARD OF SUPERVISORS  
BOARD, COMMISSION OR COMMITTEE

Date 4/27/11

Applying for appointment to SAN LUIS OBISPO CHILD CARE PLANNING COUNCIL  
(Name of Board, Commission or Committee)

Name DEBRA WELCH

Address 1030 SOUTHWOOD SAN LUIS OBISPO

Business Phone 805 544-4355 <sup>EXT 222</sup> Home Phone \_\_\_\_\_

Fax Phone ✓ E-mail Address \_\_\_\_\_

Supervisorial District \_\_\_\_\_ Years resided in County 3 yrs

If retired, Past Occupation/Employer

\_\_\_\_\_  
\_\_\_\_\_

Education

SEE ATTACHED  
\_\_\_\_\_

List work experience, training, volunteer activities, skills that relate to your qualifications

SEE ATTACHED  
\_\_\_\_\_  
\_\_\_\_\_

List dates/names of positions you have held on any advisory body or elected office

SECRETARY KERN COUNTY PLANNING COUNCIL

List Membership to Organizations

CHURCH ADVISORY

Please explain why you would like to serve in this capacity

AS A PROGRAM DIRECTOR OF A LARGE HARD START PROGRAM I REALIZE AND VALUE THE INPUT AND SUPPORT THAT OUR COMMUNITY PARTNERS OFFER. TEAM WORK AND COLLABORATION ARE ESSENTIAL IN ANY COMMUNITY

COUNCILS. AS WELL, I FEEL OUR PROGRAM COULD BE AN INTEGRAL PART OF ALSO ASSISTING COUNCIL MEMBERS AND OTHER AGENCIES. If appointed, are you willing to participate in the majority of meetings each year, and if necessary in numerous related meetings or subcommittees?

YES     NO    \_\_\_\_\_ COMMENTS

If appointed, are you willing, if required, to file a Statement of Disclosure as a Public Official Under the standards of the Fair Political Practice Commission?

YES     NO    \_\_\_\_\_ COMMENTS

If appointed, do you want to have your address or telephone number(s) published?

YES     NO    \_\_\_\_\_ COMMENTS

Applicants for the San Luis Obispo County Child Care Planning Council must live or work in San Luis Obispo County, and exhibit:

- a strong commitment to advocating for increased quality child care services
- an ability to make information-based decisions;
- excellent leadership skills.

Name: DEBRA WELCH  
Address: 1030 SOUTHWOOD DR  
Agency/Business: COMMUNITY ACTION PARTNERSHIP SLO  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check ALL categories under which you are applying for nomination:

- Child Care Consumer       Child Care Provider  
 Public Agency Representative       Community Representative

Appointments to the Council are made available to individuals, not organizations. Based on the definitions on the preceding page, please give an explanation of why you marked the category above.

AT PRESENT, I WORK FOR CAPSLO AS THE  
EARLY HEADSTART AND HEAD START DIRECTOR  
ETS AND HEAD START SERVES OVER 700 CHILDREN  
YEARLY IN SAN LUIS OBISPO COUNTY AND I AM PERSONALLY RESPONSIBLE FOR

Every effort is made to ensure that the ethnic, racial and geographic composition of the SLOCoCCPC is reflective of the diversity of the population of our county. Please complete the following:

HAVE CENTERS/PROGRAMS LOCATED  
IN ALL PARTS OF  
COUNTY

- In what part of the county do you work?       North       South       SLO       Coast  
In what part of the county do you live?       North       South       SLO       Coast  
Gender:       Female       Male  
Ethnic Origin:       African-American       Hispanic       Asian-American/Pacific Islander  
                          Native American       White       Other: \_\_\_\_\_

**APPLICATION STATEMENT:**

On a separate page, attached to this form, please explain in your own words your qualifications. Describe your community, professional, or personal experiences that enable you to provide leadership and work collaboratively with diverse groups of people. Please list specific contributions you would make to the work of the Planning Council.

I understand that this application will be processed as described, and does not guarantee me a position on the Council. I also understand that if any member or prospective member does not meet the terms of the application and/or membership agreement at the time of appointment or during the term of appointment to the Council, then the Membership Committee may recommend to the appointing authority (BOS, SLOCOE) that the member be removed or that a prospective member not be appointed.

Signature: Debra Welch      Date: 4/27/11

**Debra Welch, Head Start Director of Child Education and Development Services** – Plan, budget, organize, staff, coordinate, implement policy, direct, report, and conduct the overall management and operation of the Child Education and Development Services Division. Manage a team of 650+ employees that are responsible for the early development of over 4000 children daily with the assistance of State and Federal funds totaling over \$42 million.

**Education** – Master of Arts in Child/Human Development

**Credentials** – Commissioner on Teacher Credentialing, West – Ed Infant Toddler Certified

**Work Experience** – Head Start Director of Child Education and Development Services for over 6 years; Assistant Director, Head Start Child Education and Development Services; Education Services Manager; Early Head Start Manager; Education Program Specialist; Child Development Adjunct Faculty at Bakersfield College; Supervisor, Mercy Hospital Child Care Center