



The Children's Trust of Alachua County Application

Name: Lauren DePaola

Street Address: PO BOX 1052

City: Alachua State: FL Zip: 32616

E-Mail Address: Lauren@betterbeginningsfl.com

Home Phone: _____ Mobile Phone: 352-278-2538

Work Phone: _____ Ext.: _____

Section 1 – General Information

List all your places of residence for the last ten (10) years:

Address	City & State	Dates: From / To
17698 NW 181 Street, Alachua, FL		07/2013
1719 NW 82nd Terrace, Bell, FL (additional property owned)		04/22
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

Employer's Name & Location	Type of Business	Occupation Title	Period
Better Beginnings, LLC.	Mental health practice.	Owner/CEO.	2019-current
Postpartum Wellness & Family counseling.	Mental health,	Owner/CEO,	2014-2018
United Health Care,	Health insurance,	Social Worker,	2013-2014
Haven Hospice,	Hospice services,	Social Worker	2011-2013

Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes No

If yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

Position	Employing Agency	Period of Employment
Case manager,	Guardian ad Litem Program.	2007-2010
Assistant director,	Teen Court Program, Alachua Co. Sheriff's Ofc.	2004-2006

Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No

If "Yes", please list:

Have you ever been elected or appointed to any public office in this state? Yes No

If "Yes", state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):

Office Title	Dates in Office	Level of Government	Election or Appointment

Have you ever been refused a fidelity, surety, performance, or other bond?

Yes No

If "Yes", explain:

License/Certificate	Title/Number	Date Issued	Issuing Authority	Disciplinary Action/Date
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Do you affirm that your personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities' rules and regulations? Yes No

Section 3 – References and Experience

State your experiences and interests or elements of your personal history that qualify you for this appointment:

As a mental health professional and one who graduated in this county, owns a private business in this county working with families, and has an understanding of the elements that children and families are facing, I believe I am well suited for this position.

Please list specifically any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment:

Master of Social Work; Licensed Clinical Social Worker (Florida)

Please list any awards or recognitions you have received relating to the subject matter of this appointment:

Outstanding Advocate, Gainesville Child Advocacy Center
Excellence in Perinatal Mental Healthcare, Florida Maternal Mental Health Collaborator
Outstanding pediatric intern, UF Pediatric Pulmonary Center/HRSA/MCH recognition

Areas of Experience/Advanced Knowledge/Training:

(Check all that apply)

<input type="checkbox"/>	LGBTQ Issues	<input type="checkbox"/>	Faith-Based
<input type="checkbox"/>	Law Enforcement/Juvenile	<input type="checkbox"/>	Economic Diversity
<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>	Higher Education
<input checked="" type="checkbox"/>	Mental Health/Substance Abuse	<input type="checkbox"/>	Juvenile Justice
<input type="checkbox"/>	Early Childhood Education	<input checked="" type="checkbox"/>	Teen Pregnancy
<input type="checkbox"/>	Drop Out Prevention	<input type="checkbox"/>	After-School/Out Of School Care
<input checked="" type="checkbox"/>	Education & Child Development	<input checked="" type="checkbox"/>	Experience Advocating for Children
<input type="checkbox"/>	Health Prevention for Young People	<input checked="" type="checkbox"/>	Children & Teen Health Issues
<input checked="" type="checkbox"/>	Other (If other, please explain)	Reproductive & perinatal mental health	

What contributions do you feel you could make if you were recommended to the Governor to this board?
Mental health clinical and advocacy skills, knowledge and experience.

Section 4 – Possible Conflict of Interest

Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local government agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes No

If "Yes", explain:

Name of Business	Your Relationship to Business	Business Relationship to Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have members of your immediate family (spouse, child, parent(s), siblings(s)), or business of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida. Yes No

Optional: Check the Race/Ethnic Group with which you identify:

(This information helps us provide diversity on our advisory boards.)

<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Bi-Racial / Multi-Racial	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Native American	<input type="checkbox"/>	Pacific Islander	<input checked="" type="checkbox"/>	White	<input type="checkbox"/>	Other

I understand that this completed application is the property of Alachua County and I hereby certify that the statements made on this application are true and correct (must be read and checked).

To complete the application, download and save it to your computer, then complete the application and save it again. Once it is complete submit it by email to ttonkavich@alachuacounty.us or fax at 352-264-6703.