



APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE

RECEIVED
NOV 08 2017
COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: INEZ WencKus
~~Home Address:~~ P.O. Box 588 City: CoBB ZIP: Ca. 95426
Mailing Address: _____ City: Calif. ZIP: _____
Occupation: Retired Provider Email: INEZ WencKus@G-mail.com
Home Phone: () _____ ~~Work~~ Phone: cell 707 355-1110 Supervisorial District 5

Name of Board/Committee/Commission(s) you are interested in serving on:
IHSS Advisory Committee

Board/Committee/Commission category under which you are applying, if applicable:
Disabled Senior ~~Reapplying~~ Reapplying

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:

List community organizations to which you belong:
Fire Sirens

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

List any affiliation you or your spouse has with public service agencies:

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

Inez WencKus
(Signature)

10/31/17
(Date)

PLEASE RETURN COMPLETED FORM TO:

For Board Use Only:
APPOINTED YES ___ NO ___
APPOINTED ON: _____
TERM EXPIRES: _____

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