



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

Name of Applicant: Robin A. Evans

Home Address: Quarterhorse Ln City: Lowerlake ZIP: 95457

Mailing Address: Quarterhorse City: Lowerlake ZIP: 95457

Occupation: IHSS - Home Health Email: norcalrobin7@gmail.com

Home Phone: (707) 510-9290 Work Phone: () Supervisorial District

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

Board/Committee/Commission category under which you are applying, if applicable: Vice Chair - Im currently vice chair

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

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: I really enjoy what Im doing now with the board member here in Lowerlake. Would love to do it again

List community organizations to which you belong: None

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.) N/A

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

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.

Robin Evans (Signature)

10/24/23 (Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors 255 N. Forbes St. Lakeport, CA 95453 FAX (707) 263-2207

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