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JUL 23 2019

COUNTY OF LAKE  
BOARD OF SUPERVISORS



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

Name of Applicant: KAROLE WARD

Home Address: 3489 Scotts Valley Rd City: LAKEPORT ZIP: CA

Mailing Address: SAME AS ABOVE City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: RETIRED ENGINEER Email: Karole.Ward@yahoo.com

CEL 916 601-3502  
Home Phone: ( ) ~~916~~ Work Phone: ( ) Ø Supervisorial District 4

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

Board/Committee/Commission category under which you are applying, if applicable:  
Same as above

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

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:  
returning Council member

List community organizations to which you belong:  
middle creek restoration Coalition

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.)  
NONE

List any affiliation you or your spouse has with public service agencies:  
NONE

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.

Karole Ward  
(Signature)

22 July 2019  
(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:	_____