



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

5/16
RECEIVED

MAY 17 2023

COUNTY OF LAKE
BOARD OF SUPERVISORS
ADMINISTRATIVE OFFICE

Name of Applicant: Simone P. Tatman
Home Address: 7391 Websterst City: Nice ZIP: 95464
Mailing Address: same City: _____ ZIP: _____
Occupation: IHSS Provider Email: simone-tatman@
Home Phone: (707) Work Phone: () Supervisorial District (3) 5 MAIL

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

IHSS ADVISORY BOARD

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

member

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

IHSS ADVISORY BOARD
LCMH ADVISORY BOARD

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'm a PROVIDER for 6 years in the
county & I'm deeply concerned
about the future of this program

List community organizations to which you belong:

IHSS BOARD OF
ADVISORY
LCMH ADVISORY BOARD

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:

IHSS ADVISORY BOARD

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.

Simone P. Tatman
(Signature)

MAY 8-2023
(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: _____