



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

Name of Applicant: Carolee C Martin

Home Address: 5693 Single Spring Dr City: Kelseyville ZIP: 95451

Mailing Address: PO Box 1510 City: Kelseyville ZIP: 95451

Occupation: Trauma Coordinator Email: martinec@sutterhealth.org

Home Phone: (707) 227-0556 Work Phone: (707) 242-5000 Supervisorial District PCNC

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

EMCC

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

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

N/A

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:

Pre Hospital Care Nurse Coordinator + Trauma Coordinator

List community organizations to which you belong:

Sutter Lakeside Hospital

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.

Carolee C Martin
(Signature)

12/15/2020
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95483
FAX (707) 263-2207

For Board Use Only:

APPOINTED YES ___ NO ___

APPOINTED ON: _____

TERM EXPIRES: _____