



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

Name of Applicant: Katie Baza

Home Address: 1289 Ronald Ave. #8 City: Fortuna ZIP: 95540

Mailing Address: Same as above City: _____ ZIP: _____

Occupation: EMT/Manager Email: Kibaza@medstarmendocino.org

Home Phone: 619/366-3057 Work Phone: () Supervisorial District _____

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

Board/Committee/Commission category under which you are applying, if applicable:
Other-Interested group

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:
Currently working with MedStar Ambulance in an Administrative role + hold Jan EMT license. where I lack 911 years of experience I make up with a fresh perspective and excitement for growth.

List community organizations to which you belong:

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.

[Signature]
(Signature)

9/9/22
(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:	_____