



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

RECEIVED

JUN 13 2023

Name of Applicant: BONNIE BLUMENTHAL

Home Address: 425 Esplanade St. City: Lakeport ZIP: 95453

Mailing Address: Same. City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: LMFT - child & Fam. Therapist Email: bonnieblumenthal@gmail.com

Home Phone: (707) 350-5886 Work Phone: ( ) Supervisorial District \_\_\_\_\_

COUNTY OF LAKE  
BOARD OF SUPERVISORS /  
ADMINISTRATIVE OFFICE

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

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

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

Member LCBHAB w/ term expiring 6/23. Senior citizen.  
Mental Health Provider in Lake County.

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 wish to use my experience to help guide LCBH (the Agency) into an  
era of competence, compliance & cooperative community  
alliances.

List community organizations to which you belong:

Judge's Breakfast  
Prayers of Zion Baptist Church  
CoC

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.)

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

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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.

Bonnie Blumenthal  
(Signature)

June 13, 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: \_\_\_\_\_