



**COUNTY OF LAKE
CLERK OF THE BOARD OF SUPERVISORS**

Courthouse - 255 North Forbes Street
Lakeport, California 95453
TELEPHONE (707) 263-2368
FAX (707) 263-2207

APPLICATION FOR APPOINTMENT TO LAKE COUNTY BOARDS, COMMISSIONS, AND COMMITTEES

Application For: _____ **Seat Category:** _____

Name of Board, Commission or Committee

Incumbent? Y/N: _____ **Supervisory District:** _____

Applicant Name: _____

Last, First

Home Address: _____

Street

City

Zip Code

Mailing Address: _____

(leave blank if same as above) Street

City

Zip Code

Primary Phone: _____ **Email Address:** _____

Current Occupation: _____ **Have you ever been convicted of a Felony? Y/N:** _____

Community organizations to which you belong: _____

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

Briefly describe how your participation on this Board will help the Lake County Community:

List any special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:

Do you or any member of your immediate family hold a position that might conflict with your duties for this Board/Commission? If yes, please explain:

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

Date

For Board Use Only:
APPOINTED YES ___ NO ___
APPOINTED ON: _____