



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

Name of Applicant: Merry Jo Velasquez

Home Address: 1490 N Main St City: Lakeport ZIP: 95453

Mailing Address: 1490 N Main St City: Lakeport ZIP: 95453

Occupation: Scientist, Mayo Clinic Email: ourster.merryjo@mayo.edu
merryjovelasquez@yahoo.com

Home Phone: (612) 247-8207 Work Phone: (612) 247-8207 Supervisorial District 4

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

Board/Committee/Commission category under which you are applying, if applicable:
Supervisorial District 4

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:

Education: B.A. Biology-Chemistry; M.S. Environmental Studies; Ph.D. Molecular Biology and Biochemistry;

Reason for interest: life-long interest in environmental issues; commitment to community involvement; desire to contribute to the betterment of Lake County.

List community organizations to which you belong:

Lake County Land Trust and Lands Committee; Middle Creek Restoration Coalition; Lake County Master Gardeners;
Lake County Symphony Association; Lake County Arts Council

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.)

No

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.

Merry Jo Velasquez
(Signature)

01/06/2017

(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: _____