



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



Name of Applicant: Cynthia Forbes

Home Address: 4237 Hendricks Rd. City: Lakeport ZIP: 95453

Mailing Address: 4237 Hendricks Rd. City: Lakeport ZIP: 95453

Occupation: Nurse leader Email: forbesc@sutterhealth.org
Sutter Lakeside Hospital

Home Phone: (707) 367-8179 Work Phone: (707) 262-5166 Supervisorial District 4

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

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):
EMCC

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:
To collaborate with all County Medical providers and improve patient care

List community organizations to which you belong:
Medical Reserve Corp

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.)
NA

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

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.

Cynthia A Forbes
(Signature)

10-19-2016
(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: _____



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



Name of Applicant: Janell Rivera

Home Address: 2185 Merritt Rd City: Kelseyville ZIP: 95451

Mailing Address: Same City: _____ ZIP: _____

Occupation: Registered Nurse Email: Janell.Rivera@AH.org

Home Phone: (707) 279-2363 Work Phone: (707) 955-5890 Supervisorial District 3

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): Ret EMCC member as a the B Dispatch manager.

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: RN representing local Area Hospital. St. Helena Clearlake

List community organizations to which you belong: N/A

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.) N/A

List any affiliation you or your spouse has with public service agencies: Spouse Retired L.C.S.O.

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(Signature)
(Signature)

10-20-2016
(Date)

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APPOINTED ON: _____
TERM EXPIRES: _____



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



Name of Applicant: Dr. John Stein
Home Address: 5 RAUNE WAY City: Novato, CA ZIP: 94947
Mailing Address: 5176 Hill Road East City: Lakeport ZIP: 95453
Occupation: Emergency Dept. medical Director Email: steinJ@sutterhealth.org
Home Phone: (415) 317-4479 Work Phone: (707) 262-5050 Supervisorial District: District 5

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

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): None 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 am the medical Director for the Emergency Department at Sutter Lakeside Hospital.

List community organizations to which you belong: None in Lake County

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

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(Signature)

(Date) 12-22-2016

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For Board Use Only: APPOINTED YES NO APPOINTED ON: TERM EXPIRES:



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



Name of Applicant: Beth Brown
Home Address: 7397 Evergreen dr. City: Kelseyville ZIP: 95451
Mailing Address: SAA City: ZIP:
Occupation: RN / Nursing Director ED SAA Email: beth.brown@ch.org
Home Phone: (707)951-0347 Work Phone: (707)995-5891 Supervisorial District

Name of Board/Committee/Commission(s) you are interested in serving on: county 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): none

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: Director ED SAA

List community organizations to which you belong: none

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: Dme

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[Signature] (Signature)

10/20/16 (Date)

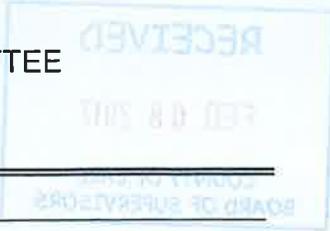
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APPOINTED ON:
TERM EXPIRES:



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



Name of Applicant: Zach Pindell
Home Address: 4738 Cole Creek Rd City: Kelseyville ZIP: 95451
Mailing Address: SAME City: ZIP:
Occupation: FAE / medic Email: pindell70@gmail.com
Home Phone: (707) 367 2925 Work Phone: Supervisorial District

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

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

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): EMCC 2014 to present

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 want to make a positive impact on my community. I work with EMS

List community organizations to which you belong: LCFPD employee. Current EMCC member

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 work for LCFPD. Spouse is employed by Kelseyville Unified School Dist. as Bus Driver

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)

10-19-16 (Date)

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



Name of Applicant: Robert Ray
Home Address: 3290 Oakley Rd, Lakeport, Ca.
Mailing Address: Same, Lakeport, ZIP: 95453
Occupation: Fire Capt. - Paramedic, Email: bray@lakeportfire.com
Home Phone: 707.538-3531, Work Phone: 707.263-4392, Supervisorial District: 4

Name of Board/Committee/Commission(s) you are interested in serving on: Emergency Medical Care Committee
Board/Committee/Commission category under which you are applying, if applicable: Fire Dept.

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

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: 44 yrs. in Fire & EMS

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.) No

List any affiliation you or your spouse has with public service agencies: none

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Robert N. Ray (Signature)

12/18/2016 (Date)

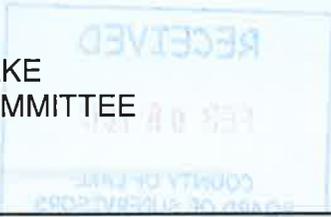
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TERM EXPIRES:



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



Name of Applicant: James Dowdy
Home Address: 1945 Westlake Dr. City: Kelseyville ZIP: 95451
Mailing Address: Same City: ZIP:
Occupation: Fire Captain (Kelseyville) Email: Jd553Kfd@yahoo.com
Home Phone: (707) 272-3037 Work Phone: (707) 279-4268 Supervisorial District: Brown

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): EMCC current

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: represent Dept.

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: KFPD Fire Captain

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)

October 19, 2016 (Date)

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



Name of Applicant: Willie Sapota
Home Address: 2990 PAULINA LANE City: CLK ZIP: 95422
Mailing Address: SAME City: ZIP:
Occupation: Fire Chief Email: fdchf700@yahoo.com
Home Phone: (707) 489-0966 Work Phone: (707) 994-2170 Supervisorial District: 1

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

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

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

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: Fire Chief / Paramedic - EMS Provider

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.) N/A

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

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.

Willie Sapota (Signature)

10/19/2016 (Date)

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For Board Use Only: APPOINTED YES NO APPOINTED ON: TERM EXPIRES:



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



Name of Applicant: Jeffery Cress
Home Address: 1340 Daisy St. City: Healdsburg ZIP: 95448
Mailing Address: 4615 Highland Springs Rd City: Lakeport ZIP: 95453
Occupation: Program Manager - REACH Email: jeff.cress@reachair.com
Home Phone: (707) 494-2063 Work Phone: (707) 324-2400 Supervisorial District: 4 primarily

Name of Board/Committee/Commission(s) you are interested in serving on: Emergency Medical Care Council (EMCC)

Board/Committee/Commission category under which you are applying, if applicable: Emergency Medical Care / Public Health

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): EMCC committee: July 2016 - Present

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 am Program Manager for REACH Air Medical Services, and I am responsible for Lake County. I have over 23 years experience in public service from EMS, Fire services, law enforcement, and search and rescue. I have strong professional relationships with the public & emergency services, and hospitals in Lake County. I have a strong background in rural medicine and EMS systems.

List community organizations to which you belong: REACH Air Medical Services is a member of the Lake County Chamber of Commerce. We participate regularly in community organization events.

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 directly. Working for REACH I work closely with the public services of Lake Co and hospital systems

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 of Jeffery Cress

Date: 12/05/16

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