



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

RECEIVED OCT 22 2020 COUNTY OF LAKE BOARD OF SUPERVISORS

Name of Applicant: Julie Colfax

Home Address: 4902 Tuolumne Ct, City: Kelseyville ZIP: 95451

Mailing Address: 4902 Tuolumne Ct, City: Kelseyville ZIP: 95451

Occupation: Lisenced Marriage and Family Therapist Email: Julienoel2000@gmail.com

Home Phone: (916) 600-8435 Work Phone: (707) 994-6447 xt 2946 Supervisorial District 5

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

Board/Committee/Commission category under which you are applying, if applicable: Consumer or Parent of a consumer

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: Both myself and my daughter have experienced mental health challenges, and I work providing mental health services in a local school district.

List community organizations to which you belong: National Alliance on Mental Illness, Red Cross Disaster Response, CAMFT California Association of Marriage and Family Therapists, Lake County School Garden Collaborative, Lake County Children's Council subcommittee on Trauma Informed Care

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: United States Postal Service

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.

Julie Colfax (Signature)

8/10/20 (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: