



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

RECEIVED

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COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICE

Name of Applicant:

Ceva Giummelli

Home Address:

14569 Emory Ave

City:

Clearlake

ZIP:

95422

Mailing Address:

P.O. Box 316

City:

Clearlake

ZIP:

95423

Occupation:

Care giver

Email:

cevagiummelli@yahoo.com

Home Phone:

707-338-0069

Work Phone:

()

Supervisory District

2

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

THSS ADVISORY BOARD

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

caregiver

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:

years of direct experience. we need a way to have more classes.

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.)

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.

Ceva Giummelli
(Signature)

5-8-23
(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: _____