



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

RECEIVED

MAY 17 2023

Name of Applicant: BONNIE BLUMENTHAL

Home Address: 425 ESPLANADE City: LAKEPORT ZIP: 95453

Mailing Address: same City: _____ ZIP: _____

Occupation: Marriage & Family Therapist & RN Email: bonnieblumenthal@gmail.com

Home Phone: (707) 350-5886 Work Phone: () Supervisorial District: _____

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

CHSS Advisory Board

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

Member - CHSS provider senior citizen rep

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

Mental Health Advisory Board VP

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 75 yrs old. My entire career as a nurse has been focused on home care. Years ago I was an CHSS worker. I have years of experience on non-profit Boards of Directors.

List community organizations to which you belong: Member LC Mental Hlth Adv. Board
Judge's Breakfast - Clearlake, County Grant Review Committee
Potential Way - Non-profit housing & support services
COC; Housing Work Group (Innovations Summit)

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.

Bonnie Blumenthal
(Signature)

May 10, 2023
(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: _____