



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

5/16 ✓
RECEIVED

MAY 17 2023

Name of Applicant: Wicki Osborne COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICE
Home Address: 3601 Mountain View St City: Cle El Lake CA ZIP: 98122
Mailing Address: same as above City: _____ ZIP: _____
Occupation: Caregiver/CNA Email: wickiosborne@gmail.com
Home Phone: (707) 701-1826 Work Phone: () Supervisorial District 3

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

LISS 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:

Advocate for hire wages and more

List community organizations to which you belong:

LISS

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:

Lvin BF

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.

Wicki Osborne
(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: _____