



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

5/16  
RECEIVED

MAY 17 2023

COUNTY OF LAKE  
BOARD OF SUPERVISORS  
ADMINISTRATIVE OFFICE

Name of Applicant: Jason Martine

Home Address: 12698 center way City: clearlake calif ZIP: 95423

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: martinez 777 Jason@gmail.com

Home Phone: (707) 533-0388 Work Phone: ( ) Supervisorial District 3

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:

THSS could do better. Since I'm a caregiver I understand what parents & caregivers need.

List community organizations to which you belong:

Ø

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.)

Ø

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

Ø

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.

Jason Martine  
(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: \_\_\_\_\_