



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

Name of Applicant: Carrie Manning
Home Address: 4150 Scott St City: Lakeport ZIP: 95453
Mailing Address: _____ City: _____ ZIP: _____
Occupation: _____ Email: _____
Home Phone: () _____ Work Phone: () _____ Supervisorial District _____

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

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

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
CalMHSA Peer Support Certification Advisory Council-Current

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:
As the MHSA Team Lead for Lake County Behavioral Health Services I attend many meetings to ensure that services and events are organized and delivered. I would like to be a member of this board so that I can be an active member by voting or bringing items to the table.

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.)
No

List any affiliation you or your spouse has with public service agencies:
Lake County Behavioral Health Services

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.

Carrie Manning
Carrie Manning (Nov 29, 2021 10:54 PST)
(Signature)

11/29/2021
(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: _____