

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

Name of Applicant:	Pastaldo	
Home Address: 21594 Yank	Lee Valley City: Hidden	Valley Lake ZIP: 93467
Mailing Address: _Same	City:	ZIP:
		staldo @ ncoinc.org
Home Phone: (707)355 0388 Work		
Name of Board/Committee/Commission(s  Lake County Chel  Board/Committee/Commission category u	d Care Planning	Council
List past or present County appointments, held (please list dates served):		ce appointments, or elected positions
Please briefly explain why you would like to position and any other information you wo I would like to help the the ECE field as well	uld like to include as part of your	application:
List community organizations to which you	ı belong:	
Convictions and Penalties – Have you eve penalties. (Convictions are evaluated for e	or been convicted of a felony? If yeach position and are not necessar	ves, give date(s), location(s) and arily disqualifying.)
List any affiliation you or your spouse has	with public service agencies:  NCO as an empl	oyee
I certify that the above information is Committee and Commission Conflict my knowledge, I have no conflict of i	t of Interest Policy. I agree to abi interest.	d the Lake County Advisory Board, de by that policy and to the best of
Signature)	<u> </u>	/ <del>ス・</del> ス・ <del>ス</del> /
(Signature) 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: