



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

Name of Applicant: Angel Coppa
Home Address: 11265 Loch Lomond City: Middletown ZIP: 95461
Mailing Address: Same as above City: _____ ZIP: _____
Occupation: ACC Coach Email: acoppa@lakecsc.org
Home Phone: (707) 881-3127 Work Phone: (707) 262-4160 Supervisorial District Lake

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

Childcare Planning Council

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

Discretionary Seat

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

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 would like to continue to serve on the LPC because I am devoted to the work being done in our County to support childcare providers. I have almost 25 years experience in the ECE field and feel I can bring valuable perspective to

List community organizations to which you belong: our council.

Grace Church

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:

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.

Angel D Coppa
(Signature)

12-2-21
(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: _____