

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

Name of Applicant: Sulema Pores- Ones
Home Address: 5508 Varneti Temaca Dr. City: Kelsaynile ZIP: 95451
Mailing Address: City: ZIP:
Occupation: Reserve & Referral Specialist Email: Species towes @ DODING. ONGS
Home Phone: (101) 349-5110 Work Phone: (101) 21341088 Supervisorial District
Name of Board/Committee/Commission(s) you are interested in serving on:
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):
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: Tama Rescurce and Referral Specialist for RCCC, NCO, I work with Farmily Child Case. Providers and Farmilies.
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.)
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.
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: