



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

Name of Applicant: Cassandra Johnson

Home Address: 3242 16th Street

City: Clearlake

ZIP: 95422

Mailing Address: 3242 16th Street

City: Clearlake

ZIP: 95422

Occupation: Sr. Early Interventionist/Adjunct College Instructor

Email: cassandra.johnson@esnorcal.org

Home Phone: (707) 461-4448

Work Phone: (707) 707-337-5260

Supervisory District

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

Lake County Child Care Planning Council

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

Community Rep

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

N/A

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 serve on this Board because I have an invested interest in the children and families in Lake County. I am want to share my knowledge and expertise.

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:

I work for Easter Seals Northern California and Mendocino/Lake Community College My husband is a volunteer for the Clearlake Police Department

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.

Cassandra Johnson

(Signature)

8/11/22

(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: _____