



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

RECEIVED

NOV 28 2016

ADMINISTRATIVE OFFICE

Name of Applicant: SUSAN A. CANNON

Home Address: 2805 SCOTTS CREEK RD. City: LAKEPORT ZIP: 95453

Mailing Address: 3083 HWY 175 City: LAKEPORT ZIP: 95453

Occupation: VETERINARIAN Email: WASSONMEMORIAL@MCHSI.COM

Home Phone: (707) 263-6768 Work Phone: (707) 263-5388 Supervisorial District: 4

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

ANIMAL CARE & CONTROL

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

ADVISORY BOARD

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

ACAB LAST 14 YEARS

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:

VETERINARIAN
PAST ADVISORY BOARD MEMBER

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:

MY VETERINARY OFFICE OCCASIONALLY DOES BUSINESS
WITH LAKE CO. ANIMAL CARE AND CONTROL.

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.

Susan A Cannon, DVM
(Signature)

11-19-16
(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: _____



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APPOINTMENT TO COUNTY OF LAKE
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DEC 08 2016

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Paula Werner

Home Address: 13862 Highway 29

City: Lower Lake

ZIP: 95457

Mailing Address: 13862 Highway 29

City: Lower Lake

ZIP: 95457

Occupation: Compliance/Office Manager

Email: jpwn1@live.com

Home Phone: (707) 349-0274 Work Phone: (707) 275-0101 Supervisorial District 1

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

Animal Care & Control 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):

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 because I care about the welfare of Lake County animals. Qualifications & expertise include 8 years of service with Animal Care & Control, 3 years with SPCA, and numerous volunteer positions with animal rescue organizations in and out of Lake County.

List community organizations to which you belong:

Lake County Master Gardeners

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.)

N/A

List any affiliation you or your spouse has with public service agencies:

N/A

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.

Paula M. Werner
(Signature)

11/25/16
(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: _____



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



Name of Applicant: NORA STAR
Home Address: 9728 Tenaya Way City: Kelseyville ZIP: 95451
Mailing Address: same City: California ZIP: _____
Occupation: retired Email: startimm@pacific.net
Home Phone: (707) 277-9167 Work Phone: (NA) same Supervisorial District 5

Name of Board/Committee/Commission(s) you are interested in serving on: Animal Control 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): Bay Area (Peninsula Humane) Greyhound Rescue

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:

Long experience with rescue of animals as needed.

List community organizations to which you belong: None presently
NO

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.

Nora Star
(Signature)

Nov. 26/2016
(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:	_____



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ADVISORY BOARD, COMMISSION OR COMMITTEE

RECEIVED

DEC 08 2016

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Victoria Chamberlin
Home Address: 157 So Estep St City: Lakeport ZIP: 95453
Mailing Address: Same City: _____ ZIP: _____
Occupation: Retired Email: _____
Home Phone: (707) 263-3958 Work Phone: () Supervisorial District 4

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

Past 4 years on Advisory Board

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 continue working with Animal Control & in trapping - placements to help overflows.

List community organizations to which you belong:

Past Art League & Hospice

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:

no

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.

Victoria Chamberlin
(Signature)

12/1/16
(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: _____