



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

Name of Applicant: Teresa Stewart

Home Address: 4876 Klamath Rd. City: Kelseyville ZIP: 95451

Mailing Address: Same City: _____ ZIP: _____

Occupation: Program Manager Email: teresadstewart@gmail.com

Home Phone: (707) 349-0432 Work Phone: (707) 279-0963 Supervisor at District 2

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

MCAH Advisory Board

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

Member

Incumbent

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

MCAH 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:

Been attending this meeting for 12 years, have chaired the meeting over see the AFL program in the County which is an MCAH program

List community organizations to which you belong:

LFRC, LCSARB, LCHEC, Healthy Clearlake

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.

Teresa Stewart
(Signature)

1/11/17
(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: _____