



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

RECEIVED

JUL 26 2017

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Margaret Sanders

Home Address: 150 Hwy 20

City: Upper Lake

ZIP: 95485

Mailing Address: PO Box 446

City: Upper Lake

ZIP: 95485

Occupation: Financial Services

Email: mrsmeelsanders@gmail

Home Phone: (415) 385-9414

Work Phone: ()

Supervisory District

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

WRTH

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 Sunday School teacher for my Church.
Hosanna Celebration Center, SF CA - 1997-2003

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 want to be more involved within our community.

List community organizations to which you belong:

N/A

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.

(Signature)

(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: _____