



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

RECEIVED

JUL 31 2017

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Claudine Pedroncelli
Home Address: 705 Woodson Ct. City: Upperlake ZIP: 95485
Mailing Address: P.O. Box 478 City: Upperlake ZIP: 95485
Occupation: Retired Email: deanie82@sbcglobal.net
Home Phone: (707) 275-9030 Work Phone: (707) 275-3573 Supervisorial District District 3

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

Town Council for Upper Lake CA WORTH MATH

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

Member of Worth for District 3

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

Presently serving on the Upper Lake Unified School District
(2018)

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:

Community Service is very important to me. I have served on a variety of boards and feel community input is very necessary to hear so that problem solving can begin.

List community organizations to which you belong:

1) Upper Lake Senior Center 4) Native American Advisory Board.
2) Upperlake Food Project
3) Silver Foundation

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.)

None

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

None

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.

Claudine Pedroncelli
(Signature)

July 15, 2017
(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: _____