



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

RECEIVED

NOV 21 2017

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Carla Ritz
Home Address: 5386 Cheyenne Dr. City: Kelseyville ZIP: 95451
Mailing Address: Same City: _____ ZIP: _____
Occupation: Exec. Dir., First 5 Lake Email: critz.first5@lakecounty.ca.gov
Home Phone: 570-6600-4919 Work Phone: 707-263-6169 Supervisorial District: _____

Name of Board/Committee/Commission(s) you are interested in serving on:
maternal, Child + Adolescent Health 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):

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:

In my role as First 5 E.D., I am an advocate for children zero to age five and their parents/caregivers.

List community organizations to which you belong:

Lake City Children's Council, QRIS Consortium, Trauma-Informed Guide Team, ECE Advisory Board, Health Leadership Network, Healthy Start Collaborative

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 am the executive director for First 5 Lake

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.

Carla Ritz
(Signature)

11/9/17
(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: _____



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

Name of Applicant: Tara Walsh

Home Address: 6806 Howard Ave City: Nice ZIP: 95464

Mailing Address: PO Box 206 City: Nice ZIP: 95464

Occupation: Program Coordinator Email: tara.w@lakefire.org

Home Phone: (707) 245-9163 Work Phone: (707) 277-0563 Supervisorial District: 3

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:

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

none

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:

parent, teen parenting coordinator

List community organizations to which you belong:

none

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:

Lake Family Resource Center employee

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.

Tara Walsh
(Signature)

12/14/17
(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: _____