

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

RECEIVED

APR 2 7 2018

COUNTY OF LAKE BOARD OF SUPERVISORS

Name of Applicant: Jim Steele		162
Home Address:	City:	ZIP:
Mailing Address: <u>255 - N. Forbes S</u>	t. City: Lakepor	t ZIP: <u>95453</u>
Occupation: Chair, Board of Sup	ervisors ^{Email:} Jim. S	teele@lakecountyca.gov
Home Phone: (707) 295-619 Work Pho	one: (70)7 263-2368Sup	pervisorial District 3
Name of Board/Committee/Commission(s) your Blue Ribbon Committee	u are interested in serving on: for the Rehabilitat	cion of Clear Lake
Board/Committee/Commission category under Board of Supervisors in		olicable:
List past or present County appointments, as held (please list dates served): Lake Cour	well as any other public service	
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:		
List community organizations to which you be	elong:	
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 wit	h public service agencies:	
I certify that the above information is true Committee and Commission Conflict of my knowledge, I have no conflict of interpretation (Signature)	Interest Policy. I agree to abid	the Lake County Advisory Board, le by that policy and to the best of 27, 2018 (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: