



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

RECEIVED

APR 26 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Joan C Moss

Home Address: 9291 Wildcat Rd City: Kelseyville ZIP: 95451

Mailing Address: same City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: self employed senior citizen Email: daite.n@hotmail.com

Home Phone: (707) 279 1650 Work Phone: (707) 262 2457 Supervisorial District: 5

Name of Board/Committee/Commission(s) you are interested in serving on: Rehabilitate and Blue Ribbon Committee to Improve Clear Lake

Board/Committee/Commission category under which you are applying, if applicable: Lake County Hazard Mitigation Committee - Planning

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

Life Guard 90 hour position - Public Services Dept  
presently I am a substitute teacher, musician, and  
free lance journalist and advocate

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 published in the Chronicle when Sulphur Bank  
Mine became a superfund site  
I published Cancer Diary in the Record Bee (2011?)

List community organizations to which you belong:

Loch Lomond Our Lady of the Lake Catholic Church -  
worship musician  
volunteer news person - The Giving Tree - KPFZ 263-3640  
member of Quail Run Fitness Center

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 with public service agencies:

I attend Supervisors Meetings & court calendars regularly

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.

Joan C Moss  
(Signature)

April 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: \_\_\_\_\_