



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

Name of Applicant: Maile Field  
Home Address: POB 1019 (mailing) City: Calico ZIP: 95426  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: property mgr/writer Email: mailevel@yahoo.com  
Home Phone: (707) 349-4096 Work Phone: ( ) Supervisorial District \_\_\_\_\_

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

Committee for Rebirth of Clear Lake

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

ENV/AG

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

Aquatic Weeds Specialist 2000-2002, Co of Lake

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: Long-term health of Lake

My family has been farming in Lake County since 1851. I managed 240+ acres of peaches and wine grapes from 1991-2010. Worked for Ag Commissioner in above position and currently own 50-acre organic farm in Calaveras.

List community organizations to which you belong:

am returning to Lake County after 8 years absence so my community organizations are all in Washington D.C. area and as such, probably not relevant.

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:

Spouse is lead auditor for National Organic Program, USDA.

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]  
(Signature)

4/2012  
(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: \_\_\_\_\_