



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

RECEIVED  
MAY 01 2018  
ADMINISTRATIVE OFFICE

Name of Applicant: Cindy A. Scuderi-Schulman  
Home Address: 6428 12<sup>th</sup> Ave. City: Lucerne ZIP: 95458  
Mailing Address: P.O. Box 1662 City: Lucerne ZIP: 95458  
Occupation: Tutor/Teacher Email: CindyScuderi16@gmail  
Home Phone: ( ) Work Phone: 707.367.4284 Supervisorial District # 3

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

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

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

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 have had a passion for cemeteries and the artwork/designs my whole life. The history a cemetery has including the records and research are fascinating. I would love to help preserve the cemetery.

List community organizations to which you belong:

Ely Stage Stop - Lake County Historical Society: I am the exhibit coordinator for the Ely Stage stop, I sit on the board making decisions and participating in events and fundraisers, donations, monetary funds, etc. Also, a docent.

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.

CAS  
(Signature)

5.1.2018  
(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: \_\_\_\_\_