

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

Home Address:  Show e City:  Convictorial District  Convictorial Distri	1/11 6 6 4	
Mailing Address: Sime - City: Imail: City Cgmail: Com  Home Phone: M. Multiply Work Phone: () Supervisorial District  Name of Board Committee (Commission(s) you are interested in sprying on the 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 rigid (glease list dates served): He may be have a Cheese. Carent Workforce  Hill Antic Ct. He has been a constructed as a supervisor of the position and any other information 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:  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:  Antic Ct. He work a special qualifications or expertise you may have for the position and any other information you would like to include as part of your applications. The member of the position and any other information you would like to include as part of your applications. The member of the position and any other information you would like to include as part of your applications or expertise you may have for the position and any other information in year. The position are explained to the position and any other information in the position and any other information in the position and any other information is true and correct, and I have some many information is any		
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Board/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 (filld (glease list dates served):	Home Phone: 17 ) THUT Work Phone: ( ) Supervisorial District 5	
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List any affiliation you or your spouse has with public service agencies:  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.  PLEASE RETURN COMPLETED FORM TO:  Clerk of the Board of Supervisors 255 N. Forbes St. Lakeport. CA 95453  APPOINTED ON:  CHARLES IN THE WARE AND COMPLETED FORM TO:  Clerk of the Board of Supervisors 255 N. Forbes St. Lakeport. CA 95453  APPOINTED ON:  CHARLES IN THE WARE AND COMPLETED FORM TO:  Clerk of the Board of Supervisors 255 N. Forbes St. Lakeport. CA 95453  APPOINTED ON:  APPOINTED ON:  CHARLES IN THE WARE AND COMPLETED FORM TO:  Clerk of the Board of Supervisors 255 N. Forbes St. Lakeport. CA 95453  APPOINTED ON:  APPOINTED ON:  APPOINTED ON:  APPOINTED ON:  CHARLES IN COMPLETED FORM TO:  Clerk of the Board of Supervisors 255 N. Forbes St. Lakeport. CA 95453  APPOINTED ON:  APPOINTED ON:  CHARLES IN COMPLETED FORM TO:  Clerk of the Board of Supervisors 255 N. Forbes St. Lakeport. CA 95453  APPOINTED ON:  APPOINTED ON:  CHARLES IN COMPLETED FORM TO:  Clerk of the Board of Supervisors 255 N. Forbes St. Lakeport. CA 95453  APPOINTED ON:  APPOINTED ON:	position and any other information you would like to include as part of you do leave the position and any other information you would like to include as part of you do leave the position and any other information you would like to include as part of you do leave the position and any other information you would like to include as part of you do leave the position and any other information you would like to include as part of you do leave the position and any other information you would like to include as part of you do leave the position and any other information you would like to include as part of you do leave the position and any other information you would like to include as part of you do leave the position and any other information you would like to include as part of you do leave the position and any other information you would like to include as part of you do leave the position and any other information you would like to include as part of your documents.	of the
Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and every penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your spouse has with public service agencies:  List any affiliation you or your sp	List community organizations to which you belong:  Society Fresh of the Complete Complete Complete Complete Complete Complete Community organizations to which you belong:  Society Fresh of the Comment	ne with
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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.    Clerk of the Board of Supervisors   Far Board Use Only: APPOINTED YES_NO_APPOINTED ON:   APPOINTED ON:		
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PLEASE RETURN COMPLETED FORM TO:  Clerk of the Board of Supervisors 255 N. Forbes St. Lakeport, CA 95453 Lakeport, CA 95453 LAKeport, CA 95453 LAW (707) 263 2307 APPOINTED YES_NO APPOINTED ON:	I certify that the above information is true and correct, and I have read the Lake County Advisory Boa Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best	ird, t of
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