



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

RECEIVED

JUN 15 2018

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Simone Tatman

Home Address: 2630 Lakeshore Blvd A City: UPPER LAKE ZIP: 95485

Mailing Address: same City: _____ ZIP: _____

Occupation: Care Provider / Retail Associate Email: statman59@yahoo.com

Cell Phone: _____ Work Phone: (707) 400-8772 Supervisorial District: 3

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

Advisory Board Committee

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

IHSS (In-Home Supportive Services)

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 am an IHSS provider who wants to see change in Lake Co. not only for our seniors + handicapped but those who may need assistance in the future.

List community organizations to which you belong:

TOPS 1911 co-leader/member (Take Off Pounds Sensibly)
SEIU 2015 member (Local Caregivers Union)
Parishioner @ St. Mary Immaculate (Lakeport)

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.)

n/a

List any affiliation you or your spouse has with public service agencies:

Applying for Advisory Board (Lake Co)

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.

Simone Tatman
(Signature)

6/10/2018
(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: _____