received
7-26-18

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

Name of Applicant: **Gary J. Hill**

Home Address: **1535 Big Valley Road**   City: **Lakeport**   ZIP: **95453**

Mailing Address: **Same**   City: _____   ZIP: _____

Occupation: **Retired peace officer**   Email: **garypattiehill@gmail.com**

Home Phone: **(707) 272-0653** Work Phone: **( ) N/A**   Supervisorial District **4**

Name of Board/Committee/Commission(s) you are interested in serving on:
**Board of Directors, Lakeport Fire**

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

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
**1979-1989 Charter member Lake County Wildlife Advisory Committee**
**1967-1972 Volunteer Lakeport Fire Dept.**

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:
**Desire community service. 1967-79 Deputy Sheriff, Lake Co. 1979-1997 Chief Criminal Investigator, Lake Co. D.A. 1997-2015 Owner of Private Investigations and manage vineyards for L + L Vineyards, LLC, an absentee owner. 1989 to present, President of Rock Creek Hunting Club.**

List community organizations to which you belong:
**Past member and officer of Konocti Rod & Gun Club for 25 years.**
**Past member and officer of Lakeport + Early Lake Lions - 20 years.**

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.)
**No**

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

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.

_____Gary J. Hill_____   _____7-24-18_____
(Signature)   (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: | | |
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| APPOINTED | YES___ | NO___ |
| APPOINTED ON: _____ | | |
| TERM EXPIRES: _____ | | |