



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

Name of Applicant: Pamela L. Kicenski

Home Address: 13137 Keys City: Clearlake Oaks ZIP: 95423

Mailing Address: PO Box 1495 City: Clearlake Oaks ZIP: 95423

Occupation: Retired Email: pkicenski@aol.com

Home Phone: (925) 584-0780 Work Phone: ( ) N/A Supervisorial District 3

Name of Board/Committee/Commission(s) you are interested in serving on:  
East Region Town Hall (ERTH) District 3

Board/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 held (please list dates served):

Contra Costa County Library Commission appointed by Federal District Supervisor.  
Site Council for Lavel Elementary, Otis Park and Fremont High School.

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:

Now that I have retired effective 7/31/18 I have the time and interest in representing my community of the Keys.

List community organizations to which you belong:

Clearlake Oaks Keys Club

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 was employed in the Public School System for 18 years in Contra Costa County

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.

Pamela L. Kicenski  
(Signature)

10/5/18  
(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: \_\_\_\_\_

**MICHAEL L. HERMAN**

620 Pebble Way  
PO Box 7  
Clearlake Oaks, CA 95423  
Telephone (707) 998-1761

Nov. 11, 2018

Clerk of the Board of Supervisors  
255 N, Forbes St  
Lakeport, CA 95453

Clerk of the Board of Supervisors:

I am a member of the East Region Town Hall (ERTH) representing the residences of the Clear Lake Keys area of Clearlake Oaks. My 2 year term is up following the Dec. 5, 2018 Meeting. Supervisor Jim Steele requested that I send a letter to you notifying you that I will not be re-applying for another term.

I have found a replacement, Pam Kicenski, which hopefully the Lake County Board of Supervisors will approve as my replacement. Pam has been pre-approved by the Clear Lake Keys Property Owners Association Board of Directors as required by the Bylaws.

It has been a honor serving on ERTH.

Sincerely,

A handwritten signature in black ink that reads "Michael L. Herman". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Michael L. Herman

CC: Jim Steele, Supervisor by email  
EJ Crandell, Supervisor elect by email  
Denise Loustalot, ERTH Chair by email



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

**RECEIVED****DEC 31 2018**COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Zach Pindell

Home Address: 4738 Cole Creek Rd City: Kelseyville ZIP: 95451

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: FF/Paramedic Email: pindell70@gmail.com

Home Phone: (707) 367 2925 Work Phone: (707) 994 2170 Supervisorial District 2

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

Board/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 held (please list dates served): EMCC 2014 to present

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 LCFPD

EMS Liaison with 14 years in county in EMS

List community organizations to which you belong: LCFPD

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: Wife is school bus driver Kelseyville Unified

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)

12-31-18  
(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: \_\_\_\_\_



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

**RECEIVED****DEC 28 2018**COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Ruth Garcia

Home Address: 9438 Kelsey Creek Dr City: Cobb ZIP: 95426

Mailing Address: P.O. Box 1246 City: Cobb ZIP: 95426

Occupation: RN Email: rn-california@gmail.com

Home Phone: 707 363 9556 Work Phone: 707 262 5052 Supervisorial District: \_\_\_\_\_

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

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

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

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:

Prehospital Nurse Coordinator  
Trauma Coordinator

List community organizations to which you belong:

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: N/A

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.

Ruth Garcia  
(Signature)

12/26/18  
(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\_\_\_

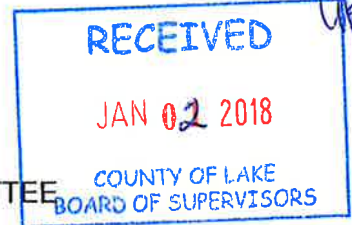
APPOINTED ON: \_\_\_\_\_

TERM EXPIRES: \_\_\_\_\_





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



Name of Applicant: Willie Sapota

Home Address: 2990 Pamela Lane City: CLK ZIP: 95422

Mailing Address: 2990 Pamela Lane City: CLK ZIP: 95422

Occupation: Fire Chief Email: ldohf700@yahoo.com

Home Phone: (707) 489-0966 Work Phone: (707) 994-2170 Supervisorial District 1

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

EMCC

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

N/A

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

EMCC Past 20 plus years

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:

38 year fire/EMS professional to Lake County

List community organizations to which you belong:

C

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:

N/A

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.

Willie Sapota  
(Signature)

12/21/2018  
(Date)

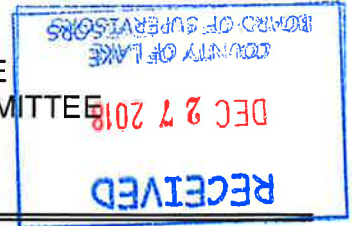
PLEASE RETURN COMPLETED FORM TO:

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: \_\_\_\_\_



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



Name of Applicant: DAVID N. CIPPONERI

Home Address: 3839 LAKESHORE BLVD. City: LAKEPORT ZIP: 95453

Mailing Address: P.O. BOX 282 City: LAKEPORT ZIP: 95453

Occupation: PAST: 1990 TO 2016  
EVERGREEN NURSING & REHABILITATION CARE Email: DAVID.CIPPONERI@GMAIL.COM  
CO-ADMINISTRATOR

Home Phone: (209) 652-3492 Work Phone: ( ) Supervisorial District DISTRICT 4  
LAKE COUNTY

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

EMERGENCY MEDICAL CARE COMMITTEE

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

CONSUMER INTEREST GROUP

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

1. PROGRESS VALLEY CHAPTER, REGION 2 CAHF, MODESTO, CA PRESIDENT 2004-2005
2. STANISLAUS COUNTY SAFETY COUNCIL, 1999-2000

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:

1. STATE OF CALIFORNIA BOARD OF NURSING HOME ADMINISTRATORS, LICENSED 1995 TO PRESENT
2. SAINT MARY'S COLLEGE OF CALIFORNIA, BACHELOR OF ARTS IN MANAGEMENT
3. I HAVE 20 PLUS YEARS EXPERIENCE IN HEALTH CARE ENVIRONMENT

List community organizations to which you belong:

- PAST: 1. CALIFORNIA ASSOCIATION OF HEALTH FACILITIES, 1979-1985, 1990-2015  
2. MODESTO ROTARY CLUB MODESTO, CA - BOARD OF DIRECTORS 2008-2009  
3. AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS 1995-2015

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:

1. ORDER SONS OF ITALY, MODESTO, CA, MODESTO LODGE, PRESIDENT 2015-2016

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)

12-27-2018  
(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: \_\_\_\_\_



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

RECEIVED

DEC 27 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Randall Williams

Home Address: 1820 Kelly Rose Court City: Lakeport ZIP: 95453

Mailing Address: 1820 Kelly Rose Court City: Lakeport ZIP: 95453

Occupation: retired Email: digger18@sbcglobal.net

Home Phone: (707) 263-8298 Work Phone: ( ) N/A Supervisorial District 4

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

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

N/A

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

Lakeport Fire - Director Lake County Fish and Wildlife -  
Lake County Oversight Board - Hartley Cemetery District

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:

Re-appointment to continue mission to improve and protect  
all fish and wildlife in Lake County

List community organizations to which you belong:

N/A

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:

Lakeport Fire

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.

Randall Williams  
(Signature)

12-27-18  
(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: \_\_\_\_\_





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

RECEIVED

DEC 31 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant:

Richard F. Hincheliff

Home Address:

233 Robles Drive

City:

Lakeport

ZIP:

95453

Mailing Address:

S.A.A

City:

ZIP:

Occupation:

Chief Deputy D.A.

Email:

richarddda@hotmail.com

Home Phone:

(707) 262-1344

Work Phone:

(707) 263-2539

Supervisory District

4

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

Fish and Wildlife Advisory Committee

Board/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 held (please list dates served):

Fish & Wildlife Advisory Committee since January 1985

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:

Continue serving on the Committee I have served on for 34 years.

List community organizations to which you belong:

Lake County Peace Officers Association

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:

Both work for Lake County District Attorney's Office

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.

M. Hincheliff  
(Signature)

12/30/18  
(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: \_\_\_\_\_





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

RECEIVED

DEC 27 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Randall Williams

Home Address: 1820 Kelly Rose Court City: Lakeport ZIP: 95453

Mailing Address: 1820 Kelly Rose Court City: Lakeport ZIP: 95453

Occupation: retired Email: digger180@sbcsglobal.net

Home Phone: (707) 263-8298 Work Phone: ( ) N/A Supervisorial District 4

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

Hartley Cemetery District

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

N/A

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

Lakeport Fire - Director - Lake County Fish and Wildlife  
Lake County Oversight Board - Hartley Cemetery District

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 been on the Hartley Cemetery Board in the early 2000's and left  
Board when my son passed away. I wish now to return and continue work  
to maintain and improve Cemetery.

List community organizations to which you belong:

N/A

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:

Lakeport Fire department

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.

Randall Williams  
(Signature)

12-27-18

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



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

RECEIVED

DEC 06 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Patricia Garrison  
Home Address: 430 Hillcrest Dr City: Lakeport ZIP: 95453  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: Retired Email: \_\_\_\_\_  
Home Phone: (707) 263-4765 Work Phone: ( ) \_\_\_\_\_ Supervisorial District 4

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

Cemetery - Lakeport

HARTLEY CEMETERY

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

GENERAL MEMBERSHIP - RE-APPOINTMENT

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

Cemetery Board 2016-2018

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:

Cemetery Board member for past 3 years

List community organizations to which you belong:

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.)

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.

Patricia Garrison  
(Signature)

12/5/18  
(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: \_\_\_\_\_



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



Name of Applicant: Donna A. White  
Home Address: 990 Central Ave City: Lakeport ZIP: 95453  
Mailing Address: P.O. Box 747 City: Lakeport ZIP: 95453  
Occupation: --- Email: ---  
Home Phone: (707) 263-4327 Work Phone: ( ) 0 Supervisorial District ---

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

Hartley Cemetery DIST

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

Hartley Cemetery

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

---

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:

servant to community

List community organizations to which you belong:

---

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.

Donna A. White  
(Signature)

12-28-18  
(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: ---





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

RECEIVED

JAN 02 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Shirley S. Templeton  
Home Address: 275 Lange St City: Lakeport ZIP: 95453  
Mailing Address: 275 Lange St City: Lakeport ZIP: 95453  
Occupation: Home Email: ShirleySue36@ATT.net  
Home Phone: (707) 263-1753 Work Phone: (707) Same Supervisorial District: Hartley Cemetery Lakeport

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

Hartley Cemetery Board

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

Hartley Cemetery Board

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

I have served a number of years on the Hartley Cemetery Board.

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 interested, my husband and I also have friends & family there -

List community organizations to which you belong:

Kelseyville Baptist Church

Lakeport Baptist Church

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 I have never been -

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

Pastor's Wife

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.

Shirley S. Templeton  
(Signature)

12-28-18  
(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: \_\_\_\_\_





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

RECEIVED

DEC 27 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant:

Kimm Munson

Home Address:

16072 35<sup>th</sup> Ave

City:

Cleaveland CA

ZIP:

95422

Mailing Address:

16072 35<sup>th</sup> Ave

City:

Cleaveland

ZIP:

95422

Occupation:

In Home Support Spec

Email:

cllakegirl64@gmail.com

Home Phone:

707 264-9788

Work Phone:

( ) SAME

Supervisory District

2

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

THSS AC AS provider

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

PROVIDER - position

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

Lucerne Senior Center - Board of Directors - present  
NCO-governing board, ppw of NCO HSNP 2010-2012

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:

Been working as a provider w/ THSS for 3 going on 4 yrs  
I have worked in the community in public positions since 1981  
Have 2 degrees in Human Services, Etc, drug/alcohol counseling

List community organizations to which you belong:

LASC Board of Directors Have been attending Advisory  
Council THSS for a yr.

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:

NO

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.

Kimm Munson  
(Signature)

12/27/2018  
(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: \_\_\_\_\_

# IHSS ADVISORY COMMITTEE APPLICATION

RECEIVED

DEC 27 2018

RECEIVED

COUNTY OF LAKE

BOARD OF SUPERVISORS

NOV 11 2018

If selected for this committee, you would need to make a commitment to attend one meeting per month alternating between in Lakeport and Lower Lake.

Name: Roberta Millard Taylor

Occupation: Councilmember

Address: 14580 Olympic Drive, Unit Number 25, Dead Lake, CA 95422-9173

Lake County Social Services

Phone #: (916) 203-1734

E-mail: keap@lakeville.com

Resident of Lake County for 7 years. How did you hear about us? By a flyer that the County of Lake-Department of Social Services gave to me

Have you ever been convicted of a felony? Yes ☐ No ☒ If yes, please explain \_\_\_\_\_

## If you are an incumbent, please check one of the following:

- ☐ I wish to be re-appointed for another term.
- ☐ I do not wish to be re-appointed for another term

Have you ever received personal assistance in-home care, using either private funds, or through some publicly funded program? If yes, explain briefly: Yes! By submitting an Application to the County of Lake-Department of Social Services, and getting approved for it.

Have you ever been a provider of personal assistance in-home care for someone else? No!  
If yes, explain briefly:

Give a brief summary of your involvement in services for seniors (if any):

Give a brief summary of your involvement in services for disabled (if any): I help those who need it the most, and I advocate for others

Listed below are the various positions that make up the committee. Please check the one that you feel you are best qualified:

- ☐ Senior Citizen Consumer/Recipient (past or present)
- ☐ Disabled Citizen Consumer/Recipient (past or present)
- ☐ IHSS Provider of personal assistance (past or present)
- ☐ Senior Community Representative (present)
- ☒ Disabilities Community Representative (present)

Please explain briefly why you feel particularly qualified for the position that you checked and why you want to be on the IHSS Advisory Committee.

TA-Home Supportive Services providers don't get paid a lot, and TA-Home Supportive Services Recipients like myself need  
more services constantly. That's why I want to be in the TA-Home Supportive Services Advisory Committee as a Disabilities co-  
munity Representative.

Please mail application to:

IHSS Advisory Committee Selection  
P.O. Box 9000  
Lower Lake, CA 95457

---

**For County use only**

Supervisory District: \_\_\_\_\_

Application approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Appointment approved on: \_\_\_\_\_

Term Dates: \_\_\_\_\_ to \_\_\_\_\_



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

received  
12/4/18

Name of Applicant: William C. Gabe

Home Address: 450 Rodello Rd City: Lakeport ZIP: 95453

Mailing Address: 5715 Highland Springs Rd City: Lakeport ZIP: 95453

Occupation: Retired Email: billgabe327@yahoo.com

Home Phone: (707) 349-5253 Work Phone: ( ) Supervisorial District 4

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

Board/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 held (please list dates served):

None

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 would be proud to continue my service to the Lakeport Fire Protection District and continue its safety record, efficiency, economic stability, and facilitate its ability to serve the community. Please see attached.

List community organizations to which you belong:

Lake County Amateur Radio Society, California Teacher's Assoc.

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:

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.

William C. Gabe  
(Signature)

12-4-18  
(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: \_\_\_\_\_



William C. Gabe

My qualifications for this position are;

I retired as a lieutenant from the Lakeport Fire Dept. after serving for 23 years. I have lived in Lakeport Fire Dept's city or district for over 40 years. I have been certified by the California State Fire Marshall to teach Fire Science 1 and 2 in California, and I was a training officer for the Lakeport Fire Dept. I have experience preparing budgets, purchasing equipment, and appointing personnel. I also have 17 years teaching High School and College classes as a credentialed teacher.



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

RECEIVED

DEC 20 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Shula Shoup

Home Address: 14580 Olympic Dr #5 City: Clearlake ZIP: 95422

Mailing Address: Same City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: Retired Email: \_\_\_\_\_

Home Phone: (707) 995-1655 Work Phone: (...) Supervisorial District 2

Name of Board/Committee/Commission(s) you are interested in serving on:  
Lake County Resource Conservation District

Board/Committee/Commission category under which you are applying, if applicable:  
Supervisorial District 2

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

none

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 want to help preserve the environment. I have a BS in Environmental Education + a MS in Community Development - Both From UC Davis

List community organizations to which you belong:

Children's Museum of Art & Science

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.

Shula Shoup  
(Signature)

17 Dec 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: \_\_\_\_\_



**Lake County Resource Conservation District**  
889 Lakeport Blvd. Lakeport, CA 95453  
Phone (707) 263 4180  
E-mail [info@lakercd.org](mailto:info@lakercd.org)

**Harry Lyons**  
President

December 20, 2018

Jim Steele, Chair of the Board of Supervisors  
Supervisors Moke Simon, Jeff Smith, Tina Scott and Rob Brown  
Supervisors-elect EJ Crandell and Bruno Sabatier

Dear Chair Steele and members of the Board:

The Lake County Resource Conservation District wishes to inform you that by a unanimous vote of the LCRCD Board of Directors on December 11, 2018 we recommend that Shula Shoup be appointed to fill the District Two vacancy created by the resignation of Director Charlotte Griswold.

Ms. Shoup has submitted the application provided by the county.

Sincerely,

A handwritten signature in cursive script that reads "Dr. Harry Lyons".

Harry Lyons, President  
Lake County Resource Conservation District



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

RECEIVED

DEC 27 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: DAVID N. CIPPONERI

Home Address: 3839 LAKE SHORE BLVD. City: LAKEPORT ZIP: 95453

Mailing Address: P.O. BOX 282 City: LAKEPORT ZIP: 95453

Occupation: PAST EMPLOYMENT 1990-2016  
EVERGREEN NURSING & REHABILITATION CARE Email: DAVID.CIPPONERI@GMAIL.COM  
CO-ADMINISTRATOR

Home Phone: (209) 652-3492 Work Phone: ( ) Supervisorial District DISTRICT 4  
LAKE COUNTY

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

MENTAL HEALTH BOARD

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

MEMBER-AT-LARGE

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

1. PROGRESS VALLEY CHAPTER, REGION 2 CAHF, MODESTO, CA. PRESIDENT 2004-2005
2. STANISLAUS COUNTY SAFETY COUNCIL, 1999-2000

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:

1. STATE OF CALIFORNIA BOARD OF NURSING HOME ADMINISTRATORS, LICENSED 1995 TO PRESENT
2. SAINT MARY'S COLLEGE OF CALIFORNIA, BACHELOR OF ARTS IN MANAGEMENT
3. I HAVE 20 PLUS YEARS EXPERIENCE IN HEALTH CARE ENVIRONMENT

List community organizations to which you belong:

- PAST:
1. CALIFORNIA ASSOCIATION OF HEALTH FACILITIES, 1979-1985, 1990-2015
  2. MODESTO ROTARY CLUB, MODESTO, CA - BOARD OF DIRECTORS 2008-2009
  3. AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS 1995-2015

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:

1. ORDER SONS OF ITALY, MODESTO LODGE, PRESIDENT, 2015-2016

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.

David N. Cipponeri  
(Signature)

12-27-2018  
(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: \_\_\_\_\_





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

RECEIVED

DEC 31 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: HELEN MITCHAM

Home Address: 16000 QUAL TRAIL City: CLEARLAKE OAK ZIP: 95423

Mailing Address: SAME City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: RETIRED Email: HJMITCH@HUGHES.NET

Home Phone: (707) 998-9194 <sup>Cell</sup> Work Phone: 707 292 0621 Supervisorial District 3

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

COUNTY SERVICE AREA # 2

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

MEMBER

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

PREVIOUS & CURRENT MEMBER CSA #2 ADVISORY BOARD  
SPRING VALLEY OUTDOOR COMMITTEE

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:

WOULD LIKE TO CONTINUE SERVING WITH AN EYE TO SERVING  
WILL START ON DECIDING SPRING VALLEY, LIKE

List community organizations to which you belong:

CSA #2 AB  
SOUTHSIDE LITTLE LEAGUE BOARD

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:

NO

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.

Helen Mitcham  
(Signature)

12-31-18  
(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: \_\_\_\_\_



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

RECEIVED

DEC 27 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: James D. McDole  
Home Address: 2100 Spring Valley Road City: Clearlake Oaks ZIP: 95423  
Mailing Address: As Above City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: Retired Email: jasmcdole@att.net  
Home Phone: 707-998-9535 Work Phone: ( ) Supervisorial District \_\_\_\_\_

Name of Board/Committee/Commission(s) you are interested in serving on: CSA #2

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

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

10 yrs membership including 4 yrs as Chair of CSA #2 Advisory Board

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 been an active member &/or Chair &/or Committee Chair of the CSA #2 Advisory Board for 10 years and have made many contributions to the well being of residents of CSA #2 Retired Program & Project Manager, Engineer, Development Engineer, Manager and Engineering Supervisor  
List community organizations to which you belong: AAA  
ADPA

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.)

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.

(Signature)

(Date)

PLEASE RETURN COMPLETED FORM TO:  
255 N. Forbes St.

Lakeport, CA 95453

Clerk of the Board of Supervisors

FAX (707) 263-2207

For Board Use Only:

APPOINTED YES ☐ NO ☐

APPOINTED ON: \_\_\_\_\_

TERM EXPIRES: \_\_\_\_\_





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

RECEIVED

DEC 19 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Edward G. Smith

Home Address: 3006 Hopi Trail City: Clearlake Oaks ZIP: 95423

Mailing Address: 3006 Hopi Trail City: Clearlake Oaks ZIP: 95423

Occupation: Retired Email: ejsmith0518@hughes.net

Home Phone: (707) 998-1167 Work Phone: ( ) Supervisorial District 3

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

CSA #2

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

Advisory Board

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

CSA #2 for about 6 to 8 years

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 graduated with a Bachelor of Science Degree in Business Administration. I have served as chairman of the Finance & Planning committee. My desire is to be part of the solution to our many challenges.

List community organizations to which you belong:

CSA #2

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:

DNA

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.

Edward Smith  
(Signature)

12/17/18  
(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: \_\_\_\_\_



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

Name of Applicant: Joe G. Welz  
Home Address: 2911 Chalk Mt Way City: Clearlake Oaks ZIP: 95423  
Mailing Address: Same City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: retired Email: NONE  
Home Phone: (707) 996-1948 Work Phone: ( ) Supervisorial District 3rd

Name of Board/Committee/Commission(s) you are interested in serving on: CSA-2

Board/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 held (please list dates served): Spring Valley Campground Committee

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:

as per Jim Steer's request

List community organizations to which you belong:

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.

Joe G. Welz  
(Signature)

11-19-18  
(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: \_\_\_\_\_





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

RECEIVED

DEC 05 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Cindy Seuderi

Home Address: 6428 12<sup>th</sup> Ave. City: Lucerne ZIP: 95458

Mailing Address: P.O. Box 1662 City: Lucerne ZIP: 95458

Occupation: Sub. Teacher Email: CSeuderi16@gmail.com

Cell Phone: (707) 367-4284 Work Phone: ( ) Supervisorial District:

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

Board/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 held (please list dates served):

Presently a member of the Upperlake Cemetery Board - reapplying for position.

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:

LOVE HISTORY, Cemetery & helping out and supporting the community.

List community organizations to which you belong:

Lake County Historical Society ; Elv Stage Stop.

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:

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.

CSeuderi

(Signature)

12.4.18

(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:



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

Name of Applicant: Anita Crabtree

Home Address: 12022 Elk Mountain Rd. City: Upper Lake ZIP: 95485

Mailing Address: Same City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: Retired Email: anitajc@pacific.net

Home Phone: (707) 275-2144 Work Phone: ( ) Supervisorial District 3

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

Upper Lake Cemetery District Board

Board/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 held (please list dates served):

Upper Lake Cemetery District Board - 2006(?) to present

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 interested in the maintenance of the Upper Lake cemetery and also in the history. There are over 100 relatives of some kind buried there

List community organizations to which you belong:

Lake Co. Genealogical Society Friends of the Lake Co. Library  
Lake Co. Historical Society Friends of the Lake Co. Museums

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:

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.

Anita Crabtree

(Signature)

Nov. 29, 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: \_\_\_\_\_



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

RECEIVED

JAN 02 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Valerie J. Duncan

Home Address: 9800 Middlecreek Rd City: Upper Lake ZIP: 95485

Mailing Address: P.O. Box 1055 City: Upper Lake ZIP: 95485

Occupation: Teacher Email: queencheops@yahoo.com

Home Phone: (707) 275-3432 Work Phone: (207) 275-0223 Supervisorial District 3

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

Upper Lake Cemetery Board

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

Cemetery

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

Upper Lake Cemetery Board  
Upper Lake Water District

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 been a board member for numerous terms and would like to continue. As a team member, we have been able to make improvements on our beautiful cemetery.

List community organizations to which you belong:

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.)

NA

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

NA

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.

Valerie J. Duncan  
(Signature)

1/2/2019  
(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: \_\_\_\_\_