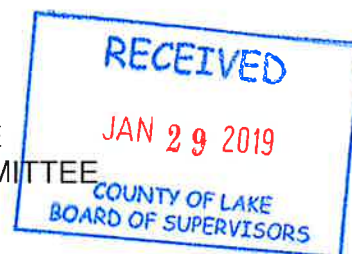




APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE



Name of Applicant: RHONDA ARMSTRONG
Home Address: 3292 Scotts Valley Rd City: LAKEPORT ZIP: 95453
Mailing Address: SAME City: _____ ZIP: _____
Occupation: RETIRED CFO/Budget Mgr Email: RRR4US3@aol.com
Home Phone: (707) 263-3612 Work Phone: () Supervisorial District 4

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

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):

current chair - Scotts Valley Advisory Council

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:

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.

Rhonda Armstrong
(Signature)

1-28-19
(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: _____