



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

RECEIVED

JAN 24 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Claudine Pedroncelli

Home Address: 705 Woodson Ct City: Upper Lake ZIP: 95485

Mailing Address: P.O. Box 478 City: Upper Lake ZIP: 95485

Occupation: Volunteer Email: deanie82@SBCglobal.net

Home Phone: (707) 275-9030 Work Phone: (707) 275-3513 Supervisorial District District 3

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

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

Member of WRTH

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

ULLUSD

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 committed to serve the community in a variety of different ways. The well being of citizens both young and old are of most importance to me. Trying to make a difference

List community organizations to which you belong: ULLUSD School Board
1) President UL Senior Center 3) Coordinator U.L. Community Food Project
4) member NATIVE AMERICAN Advisory Committee
5) Member Silver Foundation 6) Present WRTH member

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.

Claudine Pedroncelli
(Signature)

Jan. 16, 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: _____