



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



Name of Applicant: Danny Copas II

Home Address: 13069 5th St. City: Clearlake Oaks ZIP: 95423

Mailing Address: P.O. Box 1153 City: Clearlake Oaks ZIP: 95423

Occupation: Fire Captain / Paramedic Email: dcopase@lakeportfire.com

Home Phone: (707) 349-0276 Work Phone: (707) 263-4396 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: 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, Butler/Kays ASSO.

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:

Lakeport Fire does not have a current member serving on the committee
Paramedic x 28 yrs

List community organizations to which you belong:

Lakeport Fire Protection Dist.

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 Protection Dist.

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.

D Copas II
(Signature)

1/30/19
(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: _____