



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



Name of Applicant: Diane L. Henderson

Home Address: 5975 Guddy Lane City: Kelseyville ZIP: 95451

Mailing Address: P.O. Box 601 City: Kelseyville ZIP: 95451

Occupation: Retired Pear Grower Email: syddiane@gmail.com

Home Phone: (707) 274-8672 Work Phone: (707) 272-3148 Supervisorial District: 4

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

Big Valley Groundwater Management Zone Commission

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):

- Ag Element Committee for County General Plan - 2006, 2007
- Lake County Fruit Frost Committee - multiple 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:

As a 4th generation pear grower in Big Valley for 35 years, I have considerable experience with water use for agriculture. It is important to protect the ample aquifers in Big Valley for future farm and residential use.

List community organizations to which you belong:

- California Women for Agriculture, Lake County Chapter (past President)
- Lake County Farm Bureau, member of Board of Directors since 2008
- Calif. Pear Growers Assoc., Board member since 2006

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.

Diane L. Henderson
(Signature)

1-31-19
(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: _____