



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

RECEIVED

FEB 14 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant:

Carla Ritz

Home Address:

5386 Cheyenne Dr

City:

Kelseyville

ZIP:

95451

Mailing Address:

same

City:

ZIP:

Occupation:

Exec. Dir. FirstLake

Email:

Critz.first5@lakecountycal.gov

Home Phone:

(570) 660 4919

Work Phone:

(707) 263 6170

Supervisory District

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

Lake County Childcare Planning Council

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

Community Rep.

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

Maternal, Child & Adolescent Health 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 am an advocate for children 0-5 and their families.

List community organizations to which you belong:

Grace Church Kelseyville

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.

Carla Ritz

(Signature)

1/10/19

(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: