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FEB 14 2019
COUNTY OF LAKE
BOARD OF SUPERVISORS

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

Name of Applicant: Angel Coppa

Home Address: 11265 Loch Lomond Rd City: Middletown CA ZIP: 95461

Mailing Address: P.O Box 173 City: Kelseyville CA ZIP: 95451

Occupation: QRIS Coach Email: acoppa@lakecoe.org

Home Phone: (707) 881-3127 Work Phone: (707) 262-4160 Supervisorial District

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

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

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

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 have worked in ECE for over twenty years. I now work as a QRIS coach and work directly w/ providers and being a bridge for them. For all information would be very valuable

List community organizations to which you belong:
LCOE

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:
Ø

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.

Angel Coppa (Signature) 1/10/2019 (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: _____