



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

RECEIVED

JAN 22 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Sally J. West

Home Address: 12797 Island Circle City: Clearlake Oaks ZIP: 95423

Mailing Address: P.O. Box 458 City: Clearlake Oaks ZIP: 95423

Occupation: Registered Nurse Email: debsats2@gmail.com

Home Phone: (707) 998-4589 Work Phone: 707-350-6689 (cell) Supervisorial District: 3

707-995-5819 (only in emergency)

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

ERTH

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):

none

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:

Past history of negotiating committees, nothing within 15-20 yrs. Widowed, working part time and no longer have responsibilities out of state. I want to assist in any way I can to make my chosen community the best it can be!

List community organizations to which you belong:

none

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.)

NEVER

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.

Sally J. West
(Signature)

1-22-2019

(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: _____