



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

RECEIVED

JAN 23 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Kathleen K. Carlson
Home Address: 875 14th St City: Lakeport ZIP: 95453
Mailing Address: 875 14th St City: Lakeport ZIP: 95453
Occupation: IHSS 15+ years Email: happykathleen707@gmail.com
Home Phone: 707 413-3635 Work Phone: 707 245-3796 Supervisorial District: cell

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

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):

Lucerne Alpine Senior Center Inc
Board of Directors (current)

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:

The betterment of the IHSS program

List community organizations to which you belong:

Californian Mentors
Lucerne Alpine Senior Center Inc

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:

California mentors
Spouse

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.

Kathleen K Carlson
(Signature)

1/17/19
(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: _____