



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



Name of Applicant: Ronni Duncan  
Home Address: 9425 Wildcat Rd. City: Kelseyville ZIP: 95451  
Mailing Address: P.O. Box 377 City: Kelseyville ZIP: 95451  
Occupation: Social Worker Email: duncanronni@gmail.com  
Home Phone: (707) 349-8346 Work Phone: ( ) Supervisorial District:

Name of Board/Committee/Commission(s) you are interested in serving on: Mental Health  
Board/Committee/Commission category under which you are applying, if applicable: Mental Health

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

N/A.

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 been a social worker specializing in mental health and homelessness for 10 years. I was born and raised in Lake County and want to contribute my experience to improving our systems in Lake County. I feel my clinical degree in social work can bring many contributions to the board.  
List community organizations to which you belong:  
Lake County Continuum of Care  
Adventist Health

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:

Professional relationships w/ LCRS, LCBH, Redwood Comm Services

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.

Ronni Duncan  
(Signature)

12/17/19  
(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: \_\_\_\_\_