



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

Name of Applicant: STEVEN J. SCHEPPER MD.

Home Address: 8223 PARADISE LAGOON DRIVE City: LUCERNE, CA ZIP: 95458

Mailing Address: Same City: _____ ZIP: _____

Occupation: Retired Emergency Physician Email: Stevenschepp@iCloud.com

Home Phone: (707) 498-4860 ^{cell} Work Phone: (707) 350-5253 Supervisorial District 3

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

EMCC (Again)

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

COUNTY HEALTHCARE SERVICES

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

EMCC 1989 - (?) 2018

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:

Adventist Health Clearlake (Redwood) ER PHYSICIAN MEDICAL DIRECTOR 1989-2008

Super Lakeside ER PHYSICIAN 2008-2012

Howard Hospital Willets ER PHYSICIAN 2010-2016

LAKE County Hospice Assf. med. Director 2017-2019

LUCERNE Community Clinic 2016-2019

List community organizations to which you belong:

Lake County Theater Company

LAKE County CHORALE

MEDICAL RESERVE CORPS - Lake County

Convictions and Penalties - Have you ever been convicted of a felony? ^{NO} If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

List any affiliation you or your spouse has with public service agencies:

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.

Steven J. Schepper MD
(Signature)

01/21/2020
(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: _____