



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

RECEIVED

FEB 25 2020

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Pam Simond

Home Address: 710 Clover Drive City: Upper Lake ZIP: 95485

Mailing Address: Same as above City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: Disabled Email: cuddly\_aardvark@hotmail.com

Home Phone: (707) 367-3346 Work Phone: ( ) Supervisorial District 3

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

Mental Health Board

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

Consumer / General membership, either or

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:

I am very passionate about mental health services in Lake County. I have lived here 20 years, I have been in using the mental health services for years. I see the problems, having personally witnessed them. I would love to be a part to change it for the better.

List community organizations to which you belong:

Mendocino Republicans group

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.)

None

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.

Pam Simon  
(Signature)

2/25/2020  
(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: \_\_\_\_\_