



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

RECEIVED

JUL 28 2020

ADMINISTRATIVE OFFICE

Name of Applicant: Chelsea Newton

Home Address: 4817 Klamath Rd. City: Kelseyville ZIP: 95451

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

Occupation: social work & mental health provider Email: chelsea1n85@gmail.com

Home Phone: (619) 892-0507 Work Phone: ( ) Supervisorial District: \_\_\_\_\_

Name of Board/Committee/Commission(s) you are interested in serving on: L.C. Mental Health Board

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):

Worked as a social worker, mental health provider & Wrap Coordinator for RCS since 2017.

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 served the Lake County community through social work programs & volunteer opportunities for many years. Born & raised in Lake County, and my father has served mental illness & has received mental health services here for decades.

List community organizations to which you belong:

Caregivers Union, Redwood Community Services. (Hoping to provide support to board re. service delivery, rehab programs, needs & gaps in service.)

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.)

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

Employment through RCS. Mentally ill father received support through DMH for decades.

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.

Chelsea Newton  
(Signature)

7/27/2020  
(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: \_\_\_\_\_