



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

Name of Applicant: EVERARDO CHAVEZ PEREZ

Home Address: 14280 OLYMPIC DR City: CLEARLAKE ZIP: CA

Mailing Address: 14280 OLYMPIC DR City: CLEARLAKE ZIP: 95422

Occupation: CONSTRUCTION Email: 2797@gmail.com

Home Phone: () Work Phone: (707) 486-4936 Supervisorial District #2

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

Lake County Planning Commission

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):

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:

Being able to give back to my community is the main reason for my interest. To be able to represent the Latino community and give a different perspective. In my years at Sacramento State University I organized demonstrations to empower minority groups by talking about the issues that directly affect their lives.

List community organizations to which you belong:

Since I've been going to school in Sacramento I do not belong to any community organizations but I do plan on getting involved with the ones I get to know since I'll be living here in Lake County.

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.)

N/A

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

N/A

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.

E. Chavez
(Signature)

09/23/2020
(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: _____