



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

Name of Applicant: Trish Turner

Home Address: 2522 Shasta Rd

City: Clearlake Oaks

ZIP: 95423

Mailing Address: same as above

City: same as above

ZIP: 95423

Occupation: C.D.D. Office Aide

Email: a1hotqt@gmail.com

Home Phone: (707) 533-6186

Work Phone: (707) 263-2221

Supervisory 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:  
Family Member of Past/ Present Consumer

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 have seen my step daughter struggle with her behavioral health for years. For years I have struggled to get her help, due to restrictions or lack of Behavioral Health willing to help. I want to be a part of the solution. I would like to sit on this board to better help my step daughter and consumers like her. I myself would like to help with the struggles found and the solutions sought to better the quality of life for mental health consumers.

List community organizations to which you belong:  
Narcotics Anonymous

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:  
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.

Trish Turner  
(Signature)

9.14.20  
(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: \_\_\_\_\_