



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

Name of Applicant: Lynne Kinniburgh  
Home Address: 200 DURANTA ST City: Roseville ZIP: 95678  
Mailing Address: SAME City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: DIRECTOR Email: Lynne.Kinniburgh@transfercenter.org  
Home Phone: (916) 921-4092 Work Phone: 707 999 1352 Supervisorial District: \_\_\_\_\_

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

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

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

Previously part of EMCC/EMS

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 serve as the Transfer Center Director & Transport Coordinator for Lake County

List community organizations to which you belong:

N/A

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:

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.

Lynne Kinniburgh  
(Signature)

11/23/20  
(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: \_\_\_\_\_