

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

| Name of Applican | t: JohnRey Has | san | | | | | |
|---|--|---|---|---|--|------------------------|---|
| Home Address: | 5865 Doyle Stre | eet # 9 | City: _{En} | neryville | | ZIP: | 94608 |
| Mailing Address: | 841 Latour Ct S | uite D | _ City: _ | Napa | | _ ZIP: | 94558 |
| Occupation: | Regional Director - Fli | ght Nurse | Email: | johnre | y.hassan@g | mr.net | |
| Home Phone: (4 | 115-) 794-9204 Work P | hone: (|) | Sup | ervisorial Dis | trict | N/A |
| Name of Board/Co | mmittee/Commission(s) | you are inter | ested in se | erving on: | Emergency | / Medica | Il Care Committee |
| Board/Committee/C | Commission category un | der which yo | ou are appl | ying, if app | olicable: Em | ergency | Medical Care Commit |
| List past or present held (please list da | t County appointments, a tes served): None | as well as an | y other pul | olic service | appointment | s, or ele | cted positions |
| position and any ot I would like to continue experience working of | ain why you would like to her information you wou ue to participate in the improv on REACH 6 in Lake County, more sustainable and higher o | ld like to include yement of EMS live seen first h | ude as par care in lake and the cha | t of your ap county. As a lenges of pro | oplication: registered nurse oviding care in the | e and para | medic. with extensive titing. I believe that I can |
| | anizations to which you | | stem mar um | патету ттрго | <u>ves рапен сате</u> | <u>ita ine ta</u> | Zens znir visiiors (dage cot |
| | | Air S Amei | urface Trans rican Associa | port Nurses a tion of Critic | Association, Em al Care Nurses, | ergency N Wildernes | lurses Association si Medicine Society |
| | enalties – Have you ever tions are evaluated for e | | | | | na.) | on(s) and |
| List any affiliation y | ou or your spouse has w | vith public se | ervice agen | cies: | ne | | |
| Committee a | the above information is nd Commission Conflict ge, I have no conflict of in | of Interest P | rect, and I | ree to abid | e by that policember 16, 2020 | inty Advi | sory Board, the best of |
| PLEASE RETURN COM | (Signature) #PLETED FORM TO: | Clerk of the 255 N. Forb Lakeport, C FAX (707) | A 95453 | pervisors | For Board Use APPOINTEI APPOINTEI TERM EXPI | O ON: | YES NO |

LAKE COUNTY ADVISORY BOARD, COMMITTEE AND COMMISSION CONFLICT OF INTEREST POLICY

POLICY

In addition to any Federal or State conflict of interest requirements which may apply, no member of any Advisory board, commission or committee shall make, participate in making or in any way attempt to use their position to influence a decision in which he or she knows or has reason to know that he or she or their spouse has a financial interest. In all such cases, the affected member shall disclose his or her interests in the records of the board, commission or committee and shall refrain from participating in all discussions and votes concerning the matter in which he/she or his/her spouse has a financial interest.

The purpose of this policy is not only to avoid actual improprieties, but also the appearance of possible improprieties. Therefore, it is the policy of the Board of Supervisors that any doubts as to whether a member shall refrain from participating in a particular matter should be resolved in favor of non-participation.

While recognizing that state law and regulations may specify categories of memberships on certain boards, commissions and committees, to the extent possible, no one shall be appointed to a board, commission or committee which recommends funding allocations to community based organizations, who is (or whose spouse is) a director, or officer of an agency or organization which competes in the funding process before that board, commission or committee.

The Clerk of the Board of Supervisors shall provide all applicants for County boards, commissions and committees with copies of this Conflict of Interest Policy. Additionally, the County's staff to each board, commission, and committee shall assist in monitoring compliance with the conflict of interest policy. Monitoring shall include annual review of appointee circumstances as they may change during each appointee's term of office.

All applicants shall state on their application for appointment what affiliation, if any, they or their spouse has with public service agencies. Additionally, all applicants shall certify prior to their participation as a voting representative of the Board of Supervisors that they have read this policy and can serve free of any conflict of interest. The certification will be made by an applicant/nominee by signing the application for their appointment. Further, should any conflict of interest arise during the appointee's term of office, the appointee shall so declare and abstain from participation on the proceeding and business as it relates to the area of conflict.

For those boards, commissions and committees which recommend funding allocations to the Board of Supervisors, no member shall participate in any discussions or decisions related to an agency of which the member or the member's spouse is a director or officer. Additionally, unless state law or regulation require otherwise, any such member shall also refrain from participation in discussions or decisions related to proposals which are in direct competition with a proposal submitted by the agency of which the member or member's spouse is a director or officer.

APPOINTMENT OF COUNTY EMPLOYEES TO ADVISORY BOARDS (Policies & Procedures Manual, Section 1-7)

In order to further community involvement in County government and to further the independence of advisory boards, it shall be the policy of the Board of Supervisors to discourage appointment of County employees to those advisory boards which are intended to consist of independent citizens and/or community members. (Adopted on 10/14/86 and amended on 4/12/94)