



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

Name of Applicant: Carla Ritz
Home Address: 5386 Cheyenne Dr City: Kelseyville ZIP: 95451
Mailing Address: Same City: _____ ZIP: _____
Occupation: First 5 Lake Exec. Director Email: Critz.first5@lakecountyca.gov
Home Phone: 570 660 4919 Work Phone: 707-263-6170 Supervisorial District: _____

Name of Board/Committee/Commission(s) you are interested in serving on:
Maternal Child Adolescent Health Advisory 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):

Lake County Child Care Planning Council
Children's Council

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:

My work as executive director of First 5 Lake County includes advocacy for children's & maternal health & wellness

List community organizations to which you belong:

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:

I work for County of Lake's Health Services Dept.

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.

Carla Ritz
(Signature)

12/15/2020
(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: _____