



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

Name of Applicant: Kim Tangermann
Home Address: 18103 GreenPoint Ct. City: Hidden Valley Lake ZIP: 95467
Mailing Address: 18103 GreenPoint Ct City: HVL ZIP: 95467
Occupation: _____ Email: Kimdidit61@gmail.com
Home Phone: (707) 328-9367 Work Phone: () Supervisorial District: _____

Name of Board/Committee/Commission(s) you are interested in serving on: Health maternal child and Adolescent Advisory
Board/Committee/Commission category under which you are applying, if applicable: Board member

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

MCAT Board, Middletown School Board
Hope Rising Board,

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 been on this board for several
years and believe my experience in the
medical field contributes to its success.

List community organizations to which you belong:

Hope Rising, OAR,

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 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.

Kim Tangermann
(Signature)

12-21-2020
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95453
FAX (707) 253-2207

For Board Use Only:

APPOINTED YES___ NO___

APPOINTED ON: _____

TERM EXPIRES: _____