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MAR 25 2021

COUNTY OF LAKE
BOARD OF SUPERVISORS

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

Name of Applicant: Camille Cummins

Home Address: 15200B Highlands Harbor Rd. City: Clearlake ZIP: 95422

Mailing Address: 15200B Highlands Harbor Rd. City: Clearlake ZIP: 95422

Occupation: Community Health and Resource Email: Cammcummins@gmail.com

Home Phone: (707) 701-1557 Work Phone: () Supervisorial District 1

Name of Board/Committee/Commission(s) you are interested in serving on:
Community Visioning Forum Planning Committee

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): 11/2011-12/2012 Eligibility Worker 1- Lake County Social services
04/2018- 07/2020 Community Health Worker serving
Lake County Fire Protection Districts 70, 75 and 56. under Health Leadership Network

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:
As a community resource expert and home visitor I have had the honor of working with some of our most vulnerable. I have witnessed the anxiety that comes with lack of information, and lack of access as it melts away with a simple act of compassion, listening. I would like to be that voice for those I have had the privilege of listening to.

List community organizations to which you belong:
02/2019 - 04/2020 Adult Protective Services Multidisciplinary Team
04/2018- 07-2020 (HLN) Health Leadership Network, Lake County Resource Guide 2020 Committee
07/2020 Chosen to represent Lake County and HLN at HRSA National Rural Health Conference in Washington DC.

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.)
None

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.

Camille Cummins
(Signature)

03/24/2021
(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: _____