



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

Name of Applicant: Darin Huard

Home Address: 1 City: Robert Park ZIP: 94928

Mailing Address: Same City: _____ ZIP: _____

Occupation: RN REAL Director of Operations Email: darin.huard@reashair.com

Home Phone: 707) 529 1530 Work Phone: 707) 529 1530 Supervisorial District: _____

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

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

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

I have previously served on the EMS for Coastal Valley 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 have worked for REAL for 16 years - I have very good knowledge of the Lake County EMS operations. My goal is to work with the other committee members to help enhance EMS in the county.

List community organizations to which you belong:

NA

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:

NA

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Commission 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.

[Signature]
(Signature)

6/8/21
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
735 N. Forbes St.
Lafayette, CA 94533
FAX (707) 263-2257

For Board Use Only:
APPOINTED: YES ___ NO ___
APPOINTED ON: _____
TERM EXPIRES: _____