

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

Name of Applicant: Dale David Stoebe			
Home Address:	City:	ZIP:	
Mailing Address:	City:	ZIP;	
Occupation: Police Lieutenant	Email: DStoe	be@LakeportPolice.org	
Home Phone: 7(17-36)7-1203 Work P	hone: 7 <u>0</u> (7-26)3-9654 Su	pervisorial District 4	
Name of Board/Committee/Commission(s) Lake County Community Visioning Advisory Committee Lake County	-		
Board/Committee/Commission category und	der which you are applying, if ap	plicable:	
List past or present County appointments, a held (please list dates served): None	s well as any other public servic	e appointments, or elected positions	
Please briefly explain why you would like to position and any other information you would as a long-time Law Enforcement Professional, I believe I have segments of our Community. As a long-time resident of Lake of fellow community members to support and fortify social inclusion. List community organizations to which you be I serve as a voluntary Board Member for the 3 Angels Children	Id like to include as part of your a a very broad and deep perspective of implicit County, I feel as though I have a significant inte sion for all who journey here.	application: bias and its impact on the various erest in working collaboratively with	
Convictions and Penalties – Have you ever penalties. (Convictions are evaluated for ea No	ach position and are not necessarith public service agencies:	rily disqualifying.)	
I certify that the above information is to Committee and Commission Conflict my knowledge, I have no conflict of in	true and correct, and I have reac of Interest Policy. I agree to abid	I the Lake County Advisory Board,	
(Signature)		(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 YESNO APPOINTED ON: TERM EXPIRES:	