APPLICATION FOR COUNTY OF EL DORADO BOARD, COMMISSION, OR COMMITTEE

HELETYELD BUARD OF SUPERVISUE EL DORADO COUNTY

2011 SEP 20 PM 3: 21

1 3. 2.1

DATE RECEIVED

₹et	turn to: Clerk of the Board of Supervisor:
	County Government Center
	330 Fair Lane, Placerville, CA 95667
	e-mail: edc.cob@edcgov.us

	Copy to	Supervisor	- District	
u	Copy to	Supervisor	- District	

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete Information or assistance contact the Clerk of the Board of Supervisors' Office. This application shall be maintained for a period of one year only. After one year it is necessary to file a new application for another year of eligibility. Please print in ink or type.

1. Board/Commission Applying for:	2. Today's Date:
	9-15-11
3. Name:	4. E-Mail Address:
Shilin Danny A.	N/A -TRACY PROCTER
Last First Middle	
5. Address:	6. Telephone:
Mirryh - **-ap	
700	Home
City Zip Code	Business
7. Occupation/Title:	Employer:
K. N.	Roseville Plastic Sung
8. List all County board, commissions or committees of which you are no	ow or nave been a member. Indicate dates of service.
9. Summary of qualifications related to group(s) listed above. (What exp interest?)	perience or special knowledge do you bring to your area of
Vrival Council member Shingle	Springs Band at Miwok Indian
10. Affiliations with professional and/or community groups:	
11. Why do you seek appointment?	
To maintern omen communication	on between our tribe + Local
community, working together with w	nutual respect + common goals.
 Additional Information: Give any information explaining your qualifica community organization memberships, or personal interests that bear Committee. Attach additional sheets as necessary. 	tions, experience, training, education, volunteer activities.
	5
13. Indicate Supervisor who will receive a copy of this application:	
Appointees to Boards, Commissions or Committees are not considered to be Workers, Compensation, health insurance, etc.	pe County employees for purposes of benefits, such as
Lonny a. Shilin	9-15-11
Signature of Applicant	Date
You can save this completed applica	ation and attached to an email and cond to ado coh@adagay.

10-0474. 2A.1

Clear Form

Spell Check

Save

Print