



**El Dorado County
In-Home Supportive Services
Advisory Committee**

**Placerville Senior Center
937 Spring Street
Placerville, CA 95667
Phone: (530) 621-6384
Fax: (530) 295-2598**

**In-Home Supportive Services (IHSS) Advisory Committee
Membership Application**

Name: Vincent Di Vittorio

Mailing Address: [REDACTED]

Physical Address (if different): _____

Phone Number: Day [REDACTED] Evening ()

Email Address: VidiVi@hotmail.com

Please check all categories that apply to you:

- I am a current or past user of home care services.
- I provide home care services to a family member.
- I provide home care services to someone who is not a family member.
- I am a representative of a community based organization or public agency.

If additional space is needed to provide requested information, please attach additional sheets.

1. Why are you interested in being on the IHSS Advisory Committee?

My brother is on IHSS

(OVER)

2. What other kinds of community groups do you belong to now or in the past?

~~Seniors~~ in Retirement
Seniors

3. What life or work experiences will help you in serving on this committee?

Director and Trustee of The DiVittorio
Family ~~charitable~~ Foundation.
Chairity

4. List any additional skills or qualifications that would be valuable to this committee:

Teacher 1974 to 2006 E.D.U. H.S.D
FFA Advisor Ponderosa H.S. 1974 to 1985
Teacher Advisor Independent Hearing Center

Signature: Vincent D. Vitto Date: 4/16/2012

Please return the completed application to:
IHSS Public Authority Office
937 Spring St
Placerville, CA 95667