

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

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

DATE RECEIVED

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: Community Action Council	2. Today's Date: 03/30/2016
3. Name: McCallum Judi Last First Middle	4. E-Mail Address: judi.mccallum@edcgov.us
5. Address: District V El Dorado County Board of Supervisors Number Street 330 Fair Lane Placerville, CA 95667 City Zip Code	6. Telephone: (530) 621-6577 Home Business
7. Occupation/Title: Assistant to District V Supervisor, Sue Novasel	Employer: El Dorado County
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. Early Care and Education Council, Child Abuse Prevention Council	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) Board appointment to the Community Action Council for 20+ years.	
10. Affiliations with professional and/or community groups: Volunteer at Senior Day Care.	
11. Why do you seek appointment? Reinstatement to represent the board of supervisors	
12. Additional Information: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee. Attach additional sheets as necessary. Serving with the members of the Community Action Council to further the goals of countywide volunteers assisting seniors, low income families and the homeless to create a healthier community is an honorable position to represent.	
13. Indicate Supervisor who will receive a copy of this application: Supervisor Sue Novasel, District V	

Signature of Applicant

SIGN HERE

Date

03/30/2016

REVISED 1/6/2011 11:55 AM

You can save this completed application and attached to an email and send to edc.cob@edcgov.us