



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

Clerk of the Board of Supervisors  
330 Fair Lane, Placerville, CA 95667  
(530) 621-5390 | edc.cob@edcgov.us

Board or Commission Applying For <b>Veterans Affairs Commission</b>		Vacant Position or Title <b>Veterans Affairs Commission</b>	
First Name <b>Robert</b>		Last Name <b>Fischer</b>	
		Residential City <b>El Dorado Hills</b>	Residential ZIP Code <b>95762</b>
Daytime Telephone		Mobile Telephone <b>(no value entered)</b>	
Occupation/Title <b>Retired San Jose Police Officer/Military Veteran</b>		Employer <b>Retired</b>	
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. <b>None.</b>			
Summary of qualifications <b>I have a Bachelors Degree in Political Science. I was a criminal investigator for the San Jose Police Department for ten years. I was an Intelligence Specialist in the Marine Corps reserves. I also served six years in the California Air Guard. I have worked for El Dorado County Veterans affairs as an office assistant. Where I assisted veterans with their military veterans benefits. I have conducted outreach in the community for military veterans. I have volunteered my time in assisting military veterans in time of need during the Caldor Fire. I have conducted assignments directly assisting the Veterans Commission. I conducted follow up and reported on conditions of the Veterans Affairs south lake Tahoe office. The information was relayed to the Veterans Service Officer of El Dorado county.</b>			
Affiliations with professional and/or community groups <b>None at this time.</b>			
Why do you seek appointment? <b>To assist El Dorado County military veterans in obtaining the benefits they need. To help in the outreach and implementation of any new ways of assisting military veterans and their families.</b>			
Additional Information <b>(no value entered)</b>			
If known, indicate the member of the Board of Supervisors who will receive a copy of this application <b>(no value entered)</b>			
File Attachments <b>(no attachments added)</b>			
Signature of Applicant*  <i>Robert Fischer</i>		Date <b>07/10/2022</b>	

\* You consent and agree that you are signing this document electronically. You further agree that your electronic signature is as valid as if you manually signed the document in writing.  
07/10/2022 04:44:40, ID: 269, URL: <https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx>