




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

09.01.2022 CAPC Attachment 4

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>EI Dorado County Child Abuse Prevention Council</b>		Vacant Position or Title <b>Boardmember for Parent / Primary Caregiver</b>	
First Name <b>Matthew</b>		Last Name <b>Frueh</b>	
		Residential City <b>EI Dorado Hills</b>	Residential ZIP Code <b>95762</b>
Daytime Telephone		Mobile Telephone	
Occupation/Title <b>Health Program Specialist I / Legislative and Program Policy Analyst</b>		Employer <b>California Department of Health Care Services, Medi-Cal Behavioral Health Division</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 am an adult-survivor of child abuse. I am a parent of four minor youth. I have over 10 years of public service at the state and federal-levels including over five years of experience as a subject matter expert in the field of behavioral health policy for the state. I possess a Master of Public Administration (MPA) degree from the Sol Price School of Public Policy at the University of Southern California, as well as a Bachelor of Arts in History from California State University San Bernardino with Phi Alpha Theta Honors Society Recognition for scholarly critical thinking.</b>			
Affiliations with professional and/or community groups <b>None</b>			
Why do you seek appointment? <b>I seek to contribute to the policy formulation process to advise on solutions to reduce occurrences of child abuse in our community through effective interventions. Leveraging my historical experiences, academic knowledge, professional expertise, and parental perspective to inform local leaders on potential courses of action to yield desirable policy outcomes.</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* 		Date <b>08/11/2022</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.  
08/11/2022 10:48:56, ID: 275, URL: <https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx>