

**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: Local Enforcement Agency Independent Hearing Panel General Public	2. Today's Date: 08/13/2015
3. Name: Elliott Sharon S Last First Middle	4. E-Mail Address: [REDACTED]
5. Address: [REDACTED] Number Street Diamond Springs 95619 City Zip Code	6. Telephone: [REDACTED] Business
7. Occupation/Title: Retired from El Dorado County	Employer:
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. First Five Commission 2009-2011	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) As former Assistant Director of Public Health, I worked with the Director of the EDC Public Health Laboratory and am familiar with the responsibilities of the Local Enforcement Agency (LEA)	
10. Affiliations with professional and/or community groups:	
11. Why do you seek appointment? To use knowledge gained during my tenure with Public Health to fill upcoming vacancy on the LEA Hearing Panel	
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.	
13. Indicate Supervisor who will receive a copy of this application:	

Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as Workers Compensation, health insurance, etc.

*Sharon J. Elliott*  
Signature of Applicant

**SIGN HERE**

08/13/2015  
Date