

**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: <b>Mental Health Commission</b>	2. Today's Date: <b>September 30<sup>th</sup>, 2011</b>
3. Name: <b>Williamson, Linn Douglas</b> <small>Last First Middle</small>	4. E-Mail Address: _____
5. Address:  <b>El Dorado, CA 95623</b> <small>Number Street City Zip Code</small>	6. Telephone:  <small>Home Business</small>
7. Occupation/Title: <b>Licensed Marriage &amp; Family Therapist</b>	Employer: <b>Williamson Counseling</b>
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. <b>None</b>	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) <b>Coordinator EDC Mental Health 1982-1997, 2006-2007 Consultant EDCMH consumer Program 2001-2002, Counselor Folsom Lake College-Placerville 1979-1982 - Private Practice 1985 to present</b>	
10. Affiliations with professional and/or community groups: <b>NAMI Food Bank Volunteer Coord. 2009-11, Boards: New Morning, MORE, Cornerstone Institute, Share Our Services, CHAC, Inst. Healing Racism, Bahais of EDC-SE</b>	
11. Why do you seek appointment? <b>To aid the Board of Supervisors in the oversight, planning, and implementation of Mental Health programs and activities</b>	
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. <b>I believe that the input from the Commission will be increasingly important under a more centralized MH/Human Services system.</b>	
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.

Linn Williamson  
Signature of Applicant



9/30/11  
Date

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