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: Commission on Aging	2. Today's Date: 01/02/2018
3. Name: Strangfeld Eileen Last First Middle	4. E-Mail Address:
5. Address: Number Street Grizzly Flats 95636 City Zip Code	6. Telephone: Home Business
7. Occupation/Title: Writer	Employer: Self

8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service.

Director of Emergency Response, Battered Women's Alternatives
Contra Costa County 1992 - 2004

9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?)

As Director of Emergency Response it was part of my responsibility to serve as a court advocate ensuring the needs of clients were addressed and fulfilled. In addition, I was often asked to represent the agency at Board of Supervisor's meetings to secure funding for the agency. Lastly, I am currently a retired citizen of El Dorado County.

10. Affiliations with professional and/or community groups:

N/A

11. Why do you seek appointment?

I feel that I can advocate clearly and directly for the Senior Citizens of this County to ensure their remaining years are comfortable and as stress free as possible.

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.

See Question 9 response.

13. Indicate Supervisor who will receive a copy of this application:
Shiva Frentzen

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

Eileen Strangfeld — SIGN HERE — 01/02/2018

Signature of Applicant — 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

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