

**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

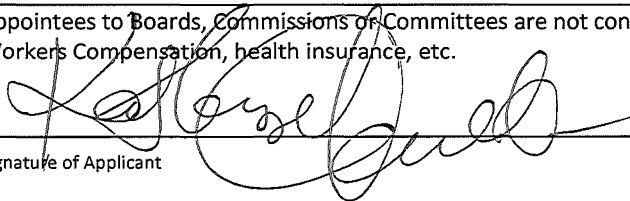
**DATE RECEIVED**

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: Mental Health Commission for El Dorado County	2. Today's Date: 03/28/2018
3. Name: Hamilton Kathryn Mae Last First Middle	4. E-Mail Address: _____
5. Address: Number Street EL Dorado Hills 95762 City Zip Code	6. Telephone: ( _____ Home ( _____ Business
7. Occupation/Title: IT Analyst	Employer: UC Davis Health
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. none	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) As a mother of two foster adopt children I have first-hand knowledge and experience of what families go through as I've been down this road for the last six years plus.	
10. Affiliations with professional and/or community groups: I am foster adopted parent who is very active with a Post Adoptive group called Capital Adoptive Families Alliance (CAFA) as a volunteer for over 5 years.	
11. Why do you seek appointment? I would like to be able to make a difference and advocate for foster, foster adopt and post adoption mental health services in El Dorado County. I am very knowledge on different facets of trauma inflicted children including: different therapeutic types of modalities, trauma informed strategies, therapeutic attachment parenting styles, ACES, and other services.	
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. I've been told by many professionals that I'm extremely resourceful and one of the most informed parents they have ever met. I'm also very passionate about sharing what I've learned with others in the same situation and helping connect them to information and services. Trainings: Nurtured Heart Approach, WisdomPath Way Reparative Parenting Approach & many mo	
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.

  
\_\_\_\_\_  
Signature of Applicant



3.29.18  
\_\_\_\_\_  
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