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

2. Today's Date:
05/22/2017

3. Name:
Santiago (Last) Norma (First) Iris (Middle)

4. E-Mail Address:

5. Address:
Number Street

Home

South Lake Tahoe (City) 96150 (Zip Code)

Business

7. Occupation/Title:
Consulting Services

Employer:
Self

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?)
Personal experience first dealing with my son and more recently my roommate's niece. As a former EDC Supervisor, I dealt with many policy and budget issues related to mental health services.

10. Affiliations with professional and/or community groups:
None

11. Why do you seek appointment?
Working with EDC Mental Health, I would like to use my personal experiences to help effectuate effective, efficient policy. Additionally, I would like to increase my knowledge base of the processes and procedures involved in this complex system to that I may better communicate to the community about the services available.

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.
Previous work in the health care system as well as the knowledge I obtain as a County Supervisor helped me navigate through the system when my son had a serious psychotic break two years ago. This experience increased my awareness of the gaps in the system that hamper process efficiencies and directly led to my interest in serving on this commission.

13. Indicate Supervisor who will receive a copy of this application:
Jim Abram

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

Norma Santiago SIGN HERE 05/22/2017

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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