

**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

D 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: Child Abuse Prevention Council	2. Today's Date: November 20, 2014
3. Name: Ungeheuer Michael Last First Middle	4. E-Mail Address:
5. Address: Number Street Placerville 95667 City Zip Code	6. Telephone: Home Business
7. Occupation/Title: Public Health Nursing Director	Employer: El Dorado County
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. CAPC 2003 -current,	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) Public health practitioner with 30+ years experience working with disenfranchised populations including numerous high risk pediatric cohorts. Masters in Nursing with specialty in public health and adult health education, public health nurse certification.	
10. Affiliations with professional and/or community groups: Marshall Hospital Bioethics Committee, Community Health Center Board of Directors, Sacramento HIV Planning Council, Associate faculty University of Phoenix	
11. Why do you seek appointment? Continuation of important work specific to the prevention of and education on child abuse, community level planning is a core function of public health as is the development of multidisciplinary partnerships	
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.

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Signature of Applicant

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11/20/14
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

Clear Form

Spell Check

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Print