




# APPLICATION FOR COUNTY OF EL DORADO BOARD OF SUPERVISORS BOARD, COMMISSION, OR COMMITTEE

Clerk of the Board of Supervisors  
330 Fair Lane, Placerville, CA 95667  
(530) 621-5390 | edc.cob@edcgov.us

Board or Commission Applying For <b>El Dorado County Child Abuse Prevention Council</b>		Vacant Position or Title <b>Community Based Organziation</b>	
First Name <b>Shirleen</b>		Last Name <b>Hernandez</b>	
		Residential City <b>Cameron Park</b>	Residential ZIP Code <b>95682</b>
Daytime Telephone		Mobile Telephone	
Occupation/Title <b>Principal</b>		Employer <b>Gold Oak School District</b>	
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. <b>CAPC June 2020 -</b>			
Summary of qualifications <b>My experience , education and skills are directly linked to my role in education. As a mandated reporter I have training and in my role I have had experiences with children of abuse. I am also our district McKinney-Vento liaison, this role has provided me experiences with community resources that support families. I think the most valuable qualification is my role interacting in the community with families on a variety of levels that provide insights into not only thier needs but ways that may be most beneficial in providing information to them.</b>			
Affiliations with professional and/or community groups <b>ACSA Sun Hills Church</b>			
Why do you seek appointment? <b>I want to continue supporting our children and community on a larger scale. I hope that I can bring resources and education to our families in a meaningful way that will resonate with them so that they can provide their child a loving, nurturing and safe home environment. I would like to continue the work that CPAC is beginning in the countywide prevention planning process. I believe this will strengthen our mission and would be honored to be part of this process.</b>			
Additional Information <b>(no value entered)</b>			
If known, indicate the member of the Board of Supervisors who will receive a copy of this application <b>(no value entered)</b>			
File Attachments <b>(no attachments added)</b>			
Signature of Applicant* 		Date <b>03/05/2021</b>	

\* You consent and agree that you are signing this document electronically. You further agree that your electronic signature is as valid as if you manually signed the document in writing.  
03/05/2021 04:58:44, ID: 163, URL: <https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx>