

**APPLICATION FOR
COUNTY OF EL DORADO
BOARD, COMMISSION, OR COMMITTEE**

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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 3

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: <u>Mental Health Commission</u>	2. Today's Date: <u>1-11-13</u>
3. Name: <u>de Felice Jane Lucia</u> Last First Middle	4. E-Mail Address: <u>impecks2001@yahoo.com</u>
5. Address: <u>3021 Courtside Dr.</u> Number Street <u>Diamond Springs CA 95619</u> City Zip Code	6. Telephone: <u>530-391-2345</u> Home <u>530-626-1399</u> Business
7. Occupation/Title: <u>Classroom Aide</u>	Employer: <u>FCUSD</u>
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. <u>Ø</u>	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) <u>I work with "Special Needs" students and I am interested in all Mental Health related issues.</u>	
10. Affiliations with professional and/or community groups: <u>Ø</u>	
11. Why do you seek appointment? <u>I would like to be able to better support the students as well as relatives and fellow citizens with Mental Health issues.</u>	
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. <u>I am a credentialed teacher as well as having an immediate connection with "Special Needs" students in my current employed position. I am devoted to improving services for all with Mental illness.</u>	
13. Indicate Supervisor who will receive a copy of this application: <u>Supervisor Briggs</u>	

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

Jane de Felice
Signature of Applicant

SIGN HERE

1-11-13
Date