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 applica	ation for another year of eligibility. Please print in in	k or type.
Board/Commission Applying for:		2 Today's Date:	
Tahoe Resource Conservation District		5/29/14	Ť
3 Name: Goldberg, Martin S		4. E-Mail Address:	
Last Fi	rst Middle		
5. Address:		6. Telephone:	
Number Street South Lake Tahoe	96150	Home	
City	Zip Code	Business	
7. Occupation/Title:	•	Employer:	
Lieutenant		Lake Valley Fire Protection Distr	rict
8. List all County board, commissions None	or committees of which you are	now or have been a member. Indicate da	at, s of service.
interest?) I am responsible for all aspects of La education and resources relating to w	ke Valley Fire District's Fire a vildfire prevention. I conduct managing a 4.5 million dollar gnized fire resource.	experience or special knowledge do you br and Fuels Program. The District's progradefensible space inspections and mark wood roof replacement grant. I also mark	ra I Mprovides < 1 re hazard
		on could benefit the TACO. I look to he ment of the Lake Tahoe Basin's soil, wa	
community o ganization membersh Committee. Attach additional sheet I hold a BS in Soil Science from Cal F	nips, or personal interests that b is as necessary. Poly SLO. I worked as an En arheaded the development o	fications, experience, training, education, bear on your application for above Board, (vironmental Scientist for the Lahontan frevegetation and erosion control guid bl.	Commission, or RWOCBfrom
13. Indicate Supervisor who will receive	a copy of this application:	2018120	
Appointees to Boards, Commissions or (Workers Compensation, health insurance		to be County employees for purposes of b	pe efits, such as
		5/29/14	11,
Signature of Applicant		Date	