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

	e-mail: edc.cob@edcgov	.us	Copy to Supervis	or - District
period of one	nore complete information or as year only. After one year it is ne	sistance contact the Clerk of the B	mission, or Committee (only one per application to ard of Supervisors' Office. This application or another year of eligibility. Please print ir	cation please) for which you
1. Board/Commission Applying for:			2. Today's Date:	8507
County of El Dorado Veterans Affairs Commission			04/28/2015	
3. Name:			4. E-Mail Address:	
Brown	Edgar	D		
Last	First	Middle		
5. Address:			6. Telephone:	
Number Street			Home	
Cameron Park 95682				
City Zip Code			Business	
7. Occupation/Title: Employer:				
Real Estate Appraiser El Dorado County Assessor, F				Retired
Veteran, Army NG 19	63-1969 Commande	r American Legion Post	ience or special knowledge do you 119, Placerville 2014/2015	
Trustee, El Dorado County Veterans Building Council Vice President American Legion Riders Area One				2015 APR
10. Affiliations with professional and/or community groups:				22
American Society of Appraisers, Senior Member El Dorado Rod and Gun Club				o 3%点
El Dolado Rod and G	un Club			三里 三里
11 Why do you sook or				
11. Why do you seek appointment? Assist Veterans				C)
1 0000 1000 000				V.
community organiza	ion: Give any information ation memberships, or pe additional sheets as neces	sonal interests that bear o	ns, experience, training, educatior n your application for above Board	n, volunteer activities, l, Commission, or
I have been active in Building Counciil for 8	the American Legion fo 3 years	r nine years and with the	Veterans	
Shiva Frentzen	who will receive a copy of	Section and address conductors		
Appointees to Boards, C	ommissions or Committee	s are not considered to be	County employees for purposes of	f benefits, such as
Workers Compensation,	health insurance, etc.			
$(/ \circ V) / \supset$				

REVISED 1/6/2011 11:55 AM

Signature of Applicant

You can save this completed application and attached to an email and send to edc.cob@edcgov.us

Date

04/28/2015

SIGN HERE

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