



## 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 Solid Waste Advisory Committee</b>		Vacant Position or Title <b>Chair</b>	
First Name <b>Catherine</b>		Last Name <b>Schwarzbach</b>	
Email Address			
Primary Residential Address		Residential City <b>Placerville</b>	Residential ZIP Code <b>95667</b>
Daytime Telephone		Mobile Telephone <b>(no value entered)</b>	
Occupation/Title <b>retired</b>		Employer <b>self-employed</b>	
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. <b>El Dorado County Solid Waste Advisory Committee 1991 to present</b>			
Summary of qualifications <b>I have a Doctorate in Educational Leadership, a Master's Degree in Environmental Education and a Bachelor of Science Degree in Conservation of Natural Resources. I have been a member of EDSWAC since it's inception and have been the chair for most of the years I have been a member.</b>			
Affiliations with professional and/or community groups <b>My primary current affiliation with community groups is as Chair of Women's Fund El Dorado (WFED). I have been on the cabinet for seven years.</b>			
Why do you seek appointment? <b>I seek the appointment to support the effective functioning of EDSWAC. To understand the solid waste management issues in the county it is important to make one to two site visits to locations where materials are managed. Under the new rules for BOS appointed committees and task forces, I need to have an appointment so EDSWAC can continue to learn through site visits to locations where El Dorado County solid waste is managed. These sites have included tours of the facilities operated by El Dorado Disposal, South Tahoe Refuse and sites that process materials from our material recovery facilities.</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>06/27/2023</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.  
06/27/2023 04:08:49, ID: 365, URL: <https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx>