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

❑ 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 application for another year of eligibility. **Please print in ink or type.**

1. Board/Commission Applying for:	2. Today's Date:
Behavioral Health Commission	05/19/2018
3. Name: Lamb (Last) Jocelyn (First) Eve-Marie (Middle)	4. E-Mail Address:
5. Address: Number Street	Home
El Dorado Hills (City) 95762 (Zip Code)	Business
7. Occupation/Title: Fashion Retail Management	Employer: Soma Intimates LLC/Chico's

8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service.

Green Valley Elementary PTO Committee Financial Secretary, 2004-2006; Rescue Elementary Site Council Board Secretary 2012-2014.

9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?)

Spiritual Counselor/Reverendship, empathic knowledge, interpersonal communications, and a passion for healthy humanity evolution and preservation.

10. Affiliations with professional and/or community groups:

Professional: Open Ministry Clergy, 2011- Present
Volunteer: Green Valley and Rescue Elementary 2004-2014, Green Valley Community Church 2012-2014, Three Rivers Womens Club Member 2015-2017.

11. Why do you seek appointment?

I would like to help implement goals for, and the future of, behavioral health in our community.

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.

I have volunteered with, assisted, counseled, and observed many mentally/physically disabled chidren and adults, the elderly, poverty stricken families, and those suffering from mental illness and drug addiction throughout my life. I would like to further involve myself in behavioral health development within our community, in consideration of the commission.

13. Indicate Supervisor who will receive a copy of this application:
Jim Mitrisin, and all applicable Supervisors

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

Jocelyn Lamb SIGN HERE 05/19/2018

Signature of Applicant Date

REVISED 1/6/2011 11:55 AM

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

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