

# El Dorado County Board of Supervisors: Application for New Board, Commission or Committee

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Related form version	4

## Instructions

Board or Commission Applying For	Child Abuse Prevention Counsel
Vacant Position or Title	Parent/Primary Caregiver
First Name	Amanda
Last Name	Carrillo
Email Address	[REDACTED]
Primary Residential Address	[REDACTED]
Residential City	Camino
Residential ZIP Code	95709
Daytime Telephone	[REDACTED]
Mobile Telephone	
Occupation/Title	Parent / IEP Advocate
Employer	Self Employed
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service.	None
Summary of qualifications	Experience in Child Advocay and Welfare. Excellent communicator, collaborator and teammate. Excellent researcher and analyst. 12 years of direct experience advocating for and parenting abused children of multiple age groups.
Affiliations with professional and/or community groups	Mothers of Pre-Schoolers, Mom Your Not Alone, Celebrate Recovery for Teens.
Why do you seek appointment?	I am seeking appointment to the Child Abuse Prevention Council to

contribute my personal and professional experiences toward informed, compassionate decision-making that supports the mental and emotional well-being of children in our community. As a parent, I understand the vital connection between a child's school environment and their home life, and I am passionate about helping bridge that gap to ensure every child feels safe, supported, and understood.

In addition to my lived experience raising a large family, I have a strong interest in helping other parents access and navigate the county's available resources. I believe that empowering families with knowledge and support is a key part of preventing abuse and neglect. This role represents an opportunity for me to give back to a community that has provided so much to my own family, and to work alongside others who are equally committed to protecting our children.

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**Additional Information**

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**If known, indicate the member of the Board of Supervisors who will receive a copy of this application**

Maria Moody

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**File Attachments**

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**Signature of Applicant**

[Link to signature](#)