



# 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>Position on Child Abuse Prevention Council</b>		Vacant Position or Title <b>Position on Child Abuse Prevention Council</b>	
First Name <b>Michelle</b>		Last Name <b>Vien</b>	
		Residential City <b>Placerville</b>	Residential ZIP Code <b>95667</b>
Daytime Telephone		Mobile Telephone <b>(no value entered)</b>	
Occupation/Title <b>Senior Program Manager</b>		Employer <b>CASA El Dorado</b>	
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. <b>Serving on Board of SCFS since 2010</b>			
Summary of qualifications <b>17 years experience working with children and families involved in &amp; out of the child welfare system.</b>			
Affiliations with professional and/or community groups <b>On Board at SCFS (Sierra Child and Family Services) Since 2010</b>			
Why do you seek appointment? <b>Would like opportunity to add my services to assisting in prevention of child abuse in El Dorado County.</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>08/11/2021</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.  
08/11/2021 08:29:28, ID: 196, URL: <https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx>