

**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: <i>Kelsey Cemetery District</i>	2. Today's Date: <i>3/8/2015</i>
3. Name: <i>Lyons Patricia Hendrick</i> Last First Middle	4. E-Mail Address: _____
5. Address: <i>Kelsey 95667</i> Number Street City Zip Code	6. Telephone: Home _____ Business _____
7. Occupation/Title: <i>KCD Board member</i>	Employer: <i>retired</i>
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. <i>KCD since January 2003 - January 2015</i>	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?)	
10. Affiliations with professional and/or community groups:	
11. Why do you seek appointment?	
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>Mike Ranally Dist IV Supervisor</i>	
13. Indicate Supervisor who will receive a copy of this application: <i>11</i>	

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

Patricia Hendrick Lyons
Signature of Applicant



3/9/2015
Date