



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 Parks and Recreation		Vacant Position or Title District 3 Appointee	
First Name Tom		Last Name Cumpston	
		Residential City Placerville	Residential ZIP Code 95667
Daytime Telephone		Mobile Telephone (no value entered)	
Occupation/Title Retired Attorney		Employer n/a	
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. No County boards, commissions or committees.			
Summary of qualifications Nine years in El Dorado County Counsel's office, where assignments included river management, El Dorado County Water Agency, and various land-use and planning matters. Fourteen-plus years as general counsel (with two temporary assignments as General Manager) for El Dorado Irrigation District. Legal training and expertise in various subjects, including Brown Act, California Environmental Quality Act, construction contracts, land-use planning, water law, and recreation. Longstanding professional and personal relationships with community leaders within El Dorado County. Extensive experience as Board member for non-profits, committee member of City of Placerville committees. Have retained active status as a member of the California Bar. Recreational enthusiast: backcountry skiing, hiking, camping, backpacking, cycling.			
Affiliations with professional and/or community groups Marshall Medical Center Board of Directors Marshall Foundation for Community Health Board of Directors New Morning Youth and Family Services Board of Directors City of Placerville Measures H and L Citizens Advisory Committee Agriculture Business and Community - El Dorado			
Why do you seek appointment? To continue my career of public service to my community, focused in this case on an area of personal leisure-time interest.			
Additional Information (no value entered)			
If known, indicate the member of the Board of Supervisors who will receive a copy of this application			
File Attachments (no attachments added)			
Signature of Applicant* 		Date 11/25/2020	

* 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.
11/25/2020 11:50:14, ID: 121, URL: <https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx>