

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 El Dorado County Early Care and Education Council

Vacant Position or Title Public Agency Representative position

First Name Brian

Last Name Quintanilla

Email Address [REDACTED]

Primary Residential Address 3057 Briw Rd.

Residential City Placerville

Residential ZIP Code 95667

Daytime Telephone [REDACTED]

Mobile Telephone

Occupation/Title Program Manager

Employer El Dorado County HHSA

List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. N/A

Summary of qualifications N/A

Affiliations with professional and/or community groups N/A

Why do you seek appointment? To represent El Dorado County HHSA.

Additional Information

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

File Attachments

Signature of Applicant



[Link to signature](#)