

**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: First 5 El Dorado	2. Today's Date: 04/19/2017
3. Name: Owen Sabrina Last First Middle	4. E-Mail Address: _____
5. Address: _____ Number Street South Lake Tahoe 96150 City Zip Code	6. Telephone: _____ Home _____ Business
7. Occupation/Title: Manager of Mental Health Programs (SLT)	Employer: EDC Behavioral Health
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. Community Health Advisory Committee (SLT) 2013- present, Lake Tahoe Collaborative 2-13- present, SLT Mental & Behavioral Health Collaborative 2015-present, El Dorado County ACES Collaborative 2015-present	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) 25+years of experience providing therapy to individuals (adolescents/adults) with severe mental health conditions including complex trauma, substance use disorders and high risk criminogenic needs. 20+ years of experience educating and training other professionals internationally on working with difficult to treat populations.	
10. Affiliations with professional and/or community groups: SLT sector leader and steering committee member of the EDC ACES Collaborative.	
11. Why do you seek appointment? To assist in improving the well-being of our community.	
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. Masters Degree in Counseling Psychology, California Licensed Marriage and Family Therapist 1999-present, Counseling Psychologist New Zealand (2010-2013). Responsible for implementing resiliency based therapy groups for high risk students in high schools as well as additionally recruiting "peer skills coaches" to assist in educating & supporting peers.	
13. Indicate Supervisor who will receive a copy of this application: Supervisor Novasel	

Sabrina Owen



04/19/2017

Signature of Applicant

Date

REVISED 1/6/2011 11:55 AM

You can save this completed application and attached to an email and send to edc.cob@edcgov.us