

El Dorado County Board of Supervisors: Application for New Board, Commission or Committee

Submitted on	21 December 2023, 6:05PM
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Related form version	4

Instructions

Board or Commission Applying For	Civil Service Commission
Vacant Position or Title	District 5 Commission Member
First Name	Patrick
Last Name	Frega
Email Address	pafre@charter.net
Primary Residential Address	1231 Margaret Avenue
Residential City	South Lake Tahoe
Residential ZIP Code	96150
Daytime Telephone	5305420607
Mobile Telephone	5303187758
Occupation/Title	Retired
Employer	N/A
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service.	Member of the El Dorado County Charter Revision Committee 2022-2023
Summary of qualifications	I am currently retired. I was employed in the Gaming industry from 1980-2020. I have a BA degree from New Jersey State University majoring in History. As evidenced by my service on the El Dorado County Charter Revision Committee, I always keep an open mind when reviewing items that come before me.
Affiliations with professional and/or community groups	Member of the El Dorado County Charter Revision Committee. Member of the Kiwanis Club of Tahoe sierra where I served on the Board of Directors for many years, also served as President twice. Member of the :Kiwanis Club of Lake Tahoe. Member of the SLT Moose Lodge #1632

currently serving my second term as Vice President. Former Member of the St. Theresa School Advisory Council. Former member of the City of South Lake Tahoe Planning Commission for approximately 13 years, serving as Chairperson numerous times.

Why do you seek appointment?

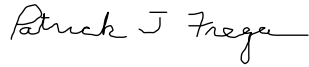
The Civil Service Commission serves a valuable role in dealing with conflicts, Having an open mind and being able to hear evidence and make accurate findings while finding solutions is vital. These are characteristics that play well into my skill set. I feel based on my past civic activities that I have exhibited the necessary skills to represent District 5 well.

Additional Information

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

File Attachments

Signature of Applicant



[Link to signature](#)