

**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: Mental Health	2. Today's Date: 07/28/2017
3. Name: Sandigo Henry Joseph Last First Middle	4. E-Mail Address: _____
5. Address: Shingle Springs 95682 Number Street City Zip Code	Home _____ Business _____
7. Occupation/Title: Wealth & Tax Consultant/Advisor	Employer: Self - HJS Consulting LLC - since 1988
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. N/A	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) Since the early 80's, I've been dealing with my brother suffering from schizophrenia. I've meet with various Doctors, attended coping and educational meetings on Mental Health issues. Also, since 2000, I've been dealing with my mother's anxiety issues.	
10. Affiliations with professional and/or community groups: Loyal Order of Moose, Knights of Columbus, High School Football assistant coach (currently at UMHS), and various Wealth/Invest and Income Tax professional organizations.	
11. Why do you seek appointment? I want to bring Mental Health awareness to our community. I feel, Mental Health issues do not nearly have the voice, as much as cancer, heart, diabetes, AIDS, and other disease. Although I don't feel Mental Health is a disease, it is more like a symptom people suffer from, but ignored due to the stigma associated with Mental Health.	
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. Over the past 29 years, in running and building a business and accumulating over 2,000+ clients, I've been blessed with hearing life experiences in dealing with diseases and health challenges my clients have faced. Clients not only talk to me about their tax and investment concerns, they also share with me other real life challenges and accomplishments.	
13. Indicate Supervisor who will receive a copy of this application: Shiva Frentzen - (Brian Veerkamp is a good source for a personal reference on my behalf)	

Signature of Applicant

SIGN HERE

07/28/2017

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

Clear Form

Spell Check

18-0383 B 1 of 1
Save

Print