

**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: <u>Mental Health Commission</u>	2. Today's Date: <u>October 30, 2013</u>
3. Name: <u>Mannheim, Steven Eric</u> <small>Last First Middle</small>	4. E-Mail Address:
5. Address: <small>Number Street</small> <u>South Lake Tahoe, CA 96150</u> <small>City Zip Code</small>	6. Telephone: <small>Home</small> <small>Business</small>
7. Occupation/Title: <u>Retired</u>	Employer:
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. <u>N/A</u>	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) <u>I have experience with ill family members over a long period of time.</u>	
10. Affiliations with professional and/or community groups: <u>El Dorado Co. - S.L.T. NAMI.</u>	
11. Why do you seek appointment? <u>To share my experience to benefit the community.</u>	
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. <u>My volunteer work with NAMI has exposed me to a wide range of issues.</u>	
13. Indicate Supervisor who will receive a copy of this application: 	

Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as Workers Compensation, health insurance, etc.

Steven Eric Mannheim
Signature of Applicant

SIGN HERE

October 30, 2013
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

Save

Print