

**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: El Dorado County Mental Health Commission	2. Today's Date: 04/01/2014
3. Name: Nordone Pond                      Lorraine                      Theresa 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: Home maker; volunteer	Employer: Self
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. South Tahoe Drug Free Coalition	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) As a parent and community member I was selected to be on the Executive Committee of the South Tahoe Drug Free Coalition. Also working with families (who lost their children due to drug abuse) to reunify gives me a different perspective than just child neglect. I see the mental illness that is also associated with drug use and abuse.	
10. Affiliations with professional and/or community groups: Soroptimists Internation Sierra Tahoe;	
11. Why do you seek appointment? To better assist the population of South Lake Tahoe and greater El Dorado County in accessing mental health and basic living services.	
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. I am a member of NAMI, a CASA volunteer, former foster parent and Soroptimist. I took the Mental Health First Class offered by the Mental Health Department. My background also consists of being a caregiver for a mentally ill sibling, and a mentally ill parent.	
13. Indicate Supervisor who will receive a copy of this application: Ron Briggs	

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

*Lorraine (Lorrie) Nordone-Pond*  
\_\_\_\_\_  
Signature of Applicant

**SIGN HERE**

03/31/2014  
\_\_\_\_\_  
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**