



# APPLICATION FOR COUNTY OF EL DORADO BOARD OF SUPERVISORS BOARD, COMMISSION, OR COMMITTEE

Clerk of the Board of Supervisors  
330 Fair Lane, Placerville, CA 95667  
(530) 621-5390 | edc.cob@edcgov.us

Board or Commission Applying For <b>Diamond Springs, El Dorado Community Advisory Committee</b>		Vacant Position or Title <b>Committee Member</b>	
First Name <b>Patrick</b>		Last Name <b>Klein</b>	
		Residential City <b>Shingle Springs</b>	Residential ZIP Code <b>95682</b>
Daytime Telephone		Mobile Telephone	
Occupation/Title <b>Development Director</b>		Employer <b>El Dorado Community Health Centers</b>	
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. <b>Child Abuse Prevention Council 04/2017 to present.</b>			
Summary of qualifications <b>My educational accomplishments include a BA in Social Psychology as well as a MS in Human Resources Management. I have experience as a Project Management leader for over 25 years and have coordinated a variety of El Dorado County community base health care services involving Primary Care, Telemedicine, Mobile Dentistry, Emergency Preparedness Planning, and the building of facility operations. I have coordinated with community partners on build plans at our new Missouri Flat location and in business offices from shell structures in Cameron Park. I have also coordinated the creation of two large offices in London, England. I am certified in a number of emergency response planning skills and have responded to natural disasters and completed formal business continuity planning which include physical build solutions for a number of organizations. I am currently the Development Director for the El Dorado Community Health Centers.</b>			
Affiliations with professional and/or community groups <b>As a member of the leadership team at EDCHC I work with a number of community partners to provide healthcare services to the communities of el dorado county. We are committed to serving the needs of our community and in offering top quality healthcare to all patients regardless of their ability to pay. This mission empowers EDCHC to collaborate with organizations providing services supporting the safety net population. As the Development Director I am tasked with establishing new partnerships and building new services within our clinics and in collaboration with community partners.</b>			
Why do you seek appointment? <b>I enjoy the lifestyle available in el dorado county and I am committed to helping those in need. I would like to be part of the process that ensures the best possible growth in our community is sought to balance both the needs of the population, and to safeguard the lifestyle of our community. I have lived in small/rural California communities most of my life and feel they offer the best opportunity to balance a great quality of life and provide positive support of the community through contemporary growth.</b>			
Additional Information <b>(no value entered)</b>			
If known, indicate the member of the Board of Supervisors who will receive a copy of this application <b>Wendy Thomas</b>			
File Attachments <b>(no attachments added)</b>			
Signature of Applicant* 		Date <b>10/21/2021</b>	

\* You consent and agree that you are signing this document electronically. You further agree that your electronic signature is as valid as if you manually signed the document in writing.  
10/21/2021 12:03:41, ID: 213, URL: <https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx>