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

D 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. 5. 1/5		
1 Board/Commission Applying for:		2 Today's Date:
Tahoe Resource Conservation District		07/22/2021
3. Name:		4. E-Mail Address:
McIntyre, Kathleen Bridget		
Last	First Middle	
5. Address:		6. Telephone:
Number		Home
South Lake Tahoe	96150	
City	Zip Code	Business
7. Occupation/Title:		Employer:
Forest Health Program Manager		Tahoe Regional Planning Agency
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service.		
None at this time.	•	
9. Summary of qualifications related	to group(s) listed above (What e	experience or special knowledge do you bring to your area of
interest?)		
See above.		
10. Affiliations with professional and/or community groups:		
Former member of Society of American Foresters, current appointed representative on the Collaborative Forest		
Landscape Restoration Program Federal Advisory Committee.		
11. Why do you seek appointment?		
See attached document with responses for questions 11 and 12.		
see attached document with responses for questions in and iz.		
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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 she		lear of your application for above board, commission, or
See attached document with responses for questions 11 and 12.		
dec attached accument with responses for questions in and in.		
13. Indicate Supervisor who will recei	ve a conv of this application:	
Sue Novasel		
	r Committees are not considered	to be County employees for purposes of benefits, such as
Workers Compensation, health insura		· · · · ·
	by Kailhleen McIntyre n r A ou = EIP	
Kath lee n M (Inty re till; Date:2021.07.22	ar.: , ,	_
Signature of Applicant		Pata
Signature of Applicant		Date

REVISED 1/6/201111:55 AM

You can save this completed application and attached to an email and send to edc.cob@edcgov.us

