



# 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>Behavioral Health Commission</b>		Vacant Position or Title <b>Behavioral Health Commissioner</b>	
First Name <b>Lauryn</b>		Last Name <b>Sumimoto</b>	
		Residential City <b>El Dorado Hills</b>	Residential ZIP Code <b>95762</b>
Daytime Telephone		Mobile Telephone	
Occupation/Title <b>Student at Oak Ridge High School</b>		Employer <b>N/A</b>	
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. <b>El Dorado County Youth Commission (10/6/2020 - present)</b>			
Summary of qualifications <b>I can provide a unique perspective on the impact and needs of youth for mental health resources in our county. I currently utilize mental health resources and daily observe the impact of mental health issues on students. I also serve as on the Youth Board of Directors for the California Youth Advocacy Network (subcommittee focus on the connection between mental health and tobacco usage), a student representative for Mind Out Loud (a mental health organization focused on providing students with exposure to mental health resources), and am actively involved in my school, (Sophomore Class Vice President, Science Olympiad President, Speech and Debate Parliamentary Captain). My involvement on campus, and off, give me the ability to help provide insight on what students need and can benefit from.</b>			
Affiliations with professional and/or community groups <b>Mind Out Loud California Youth Advocacy Network</b>			
Why do you seek appointment? <b>I believe that is extremely necessary for leaders in our county to have a youth perspective on mental health. Hopefully, given a fresh perspective on how we can best support our students and community, we can make the best of our wellness efforts. Personally, I have struggled with mental health, and I want other students to have exposure and utilize the resources put into place by our county. The students in our county, particularly after COVID-19, have serious struggles with mental health that need to be addressed and treated. I believe I can provide ideas and input that can help our students and improve our resources.</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>(no value entered)</b>			
File Attachments <b>(no attachments added)</b>			
Signature of Applicant* 		Date <b>12/07/2021</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.  
12/07/2021 05:04:28, ID: 222, URL: <https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx>