APPLICATION FOR ALARD OF SUPERALIN COUNTY OF EL DORADO **BOARD, COMMISSION, OR COMMITTEE** Return to: Clerk of the Board of Supervisors 2013 APR 17 PH 2:01 **County Government Center** DATE RECEIVED 330 Fair Lane, Placerville, CA 95667 Copy to Supervisor - District e-mail: edc.cob@edcgov.us INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, of 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. Board/Commission Applying for: 2. Today's Date: 1. <u> 4 - 17 - 2013</u> E-Mail Address: Dora 3. Name: Webb Varrel Middle Last 5. 6. Same **Business** 7. Occupation/Title: Employer: Owner/West Palm fine homes Self 8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. 9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of Boulding makeover specialist interest?) General Contractor interested in Keeping a qualit 1800° look 10. Affiliations with professional and/or community groups: Gail Hartwick Bob Smart asked me to apply 11. Why do you seek appointment? to be active on board and report Hartwick House El Dovaclb (monthly meetings in 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. As a contractor painting & decarating I have Jole 13. Indicate Supervisor who will receive a copy of this application: Brian VeerFamp Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as Workers Compensation, health insurance, etc.

re of Applicant

4-17-207

Signature of Applicant REVISED 1/5/2011 9:27 AM

Date