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

		ary to me a new applic	2. Today's Date:	
Board/Commission Applying for: Community and Economic Development Advisory Committee				
•	velopment Advisory	Committee	03/13/2014	
3. Name:	· ·		4. E-Mail Address:	
Meyers	Jeremy	М.		_
Last	First	Middle	C. Talanhana.	
5. Address:			6. Telephone:	
N. Stant			Hama	_
Number Street			Home	
City		Zip Code	Business	_
7. Occupation/Title:	-	Lip code	Employer:	
County Superintendent of Sch	ools		El Dorado County Office of Education	
		s of which you are	now or have been a member. Indicate dates of service.	
El Dorado County Chamber of Commerce, El Dorado Commu		El Dorado, Wes	stern Slope Boys & Girls Club, EDC Joint Chambers of	
Summary of qualifications re interest?)	elated to group(s) list	ed above. (What e	experience or special knowledge do you bring to your area c	of
County Superintendent of Sch	ool with 21 years of	experience as a	an educator	
10. Affiliations with professiona	l and/or community g	groups:		
Kiwanis, American Leadership	Forum			
11. Why do you seek appointme				
			es, and to ensure sustainable economic growth and	
	economy as it relat	es to and suppo	rts public education and the overall health of our	
community.				
	mberships, or person	al interests that b	fications, experience, training, education, volunteer activitie lear on your application for above Board, Commission, or	es,
13. Indicate Supervisor who will	receive a copy of this	s application:		
Appointees to Boards, Commission	ons or Committees ar	e not considered	to be County employees for purposes of benefits, such as	
Workers Compensation, health in			, , , , , , , , , , , , , , , , , , , ,	
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VAL.	\sim	<	SIGN HERE 03/13/2014	
Signature of Applicant			Date	
U				

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

Spell Check Clear Form

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