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

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Return to: Clerk of the Board of Supervisors County Government Center 330 Fair Lane, Placerville, CA 95667 e-mail: edc.cob@edcgov.us 2014 NOV -3 PH 12: 13

DATE RECEIVED

Copy to Supervisor - District _____

			e Board of Supervisors' Office. This application shall be maintained for a n for another year of eligibility. Please print in ink or type.	
1. Board/Commission A	pplying for:	2. Today's Date:		
Atlarge: EDC Fish & Game Commission			11/03/2014	
3. Name:			4. E-Mail Address:	
Babbitt	Victor	Edward		
Last	First	Middle		
5. Address:			6. Telephone:	
Number Street			Home	
South Lake Tahoe)	96150		
City		Zip Code	Business	
7. Occupation/Title:			Employer:	
Owner/ Tahoe Fly Fishing Outfitters Retail			Self	
9. Summary of qualific interest?) Extensive knowledge of past 20 years.	nmission Dist. 5 Commiss since June 2014 ations related to group(s) list of Fish and Game Issues.	sioner Since June of sted above. (What exp	ow or have been a member. Indicate dates of service. 2005 Derience or special knowledge do you bring to your area of Guide and owner of Retail Fly Fishing business for	
10. Affiliations with pro	fessional and/or community	groups:		
Work with Optimists, R derbies for kids.	otary, Kiwanis Club and r	numerous other entit	ies to do with fund raising and organization of fishing	
11. Why do you seek ap	pointment?			
	the Atlarge position on the new Supervisor for district		n bring another voice to the board from the Lake	
community organiza		onal interests that bea	ations, experience, training, education, volunteer activities, r on your application for above Board, Commission, or	

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

Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as Workers Compensation, health insurance, etc.

Victor E Babbitt	SIGN HERE	11/03/2014
Signature of Applicant		Date

REVISED 1/6/2011 11:55 AM

13. Indicate Supervisor who will receive a copy of this application:

All supervisors since it is an Atlarge position.

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

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