## 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

REVISED 1/6/2011 11:55 AM

## DATE RECEIVED

☐ Copy to Supervisor - District \_\_

desire consideration. For mo	ore complete information or assista	nce contact the Clerk of	Commission, or Committee (only one per applic the Board of Supervisors' Office. This application tion for another year of eligibility. Please print in	n shall be maintained for a	
1. Board/Commission Applying for:			2. Today's Date:	2. Today's Date:	
El Dorado Country Early Care and Education Planning Council			12/18/2014		
3. Name:			4. E-Mail Address:		
Daly	Lisa	С			
Last	First	Middle			
5. Address:			6. Telephone:		
	t e				
Number Street			Home		
Granite Bay	te Bay 95746		(		
City		Zip Code	Business		
7. Occupation/Title:			Employer:	Employer:	
Professor			Folsom Lake College	Folsom Lake College	
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service.					
El Dorado County Early Care and Education Planning Council					
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?)					
Professor of Early Childhood Education					
10. Affiliations with professional and/or community groups:					
11. Why do you seek appointment?					
To offer expertise in the area of workforce development, education, and training.					
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.					
13. Indicate Supervisor who will receive a copy of this application:					
Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as					
Workers Compensation, health insurance, etc.					
- Ulla	Talla	<	SIGNHERE 12/18/	2014	
Signature of Applicant	0. 371		Date		

Clear Form

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

Spell Check

Save 15-0327

Print