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

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.

1. Board/Commission Applying for:	2. Today's Date:
Pluster Council	3/23/2015
3. Name:	4. E-Mail Address
Last First Middle	
5. Address:	6. Telephone:
Number Stréet	Home
South Late Tahoe Ca 94150	<i>A</i>
City Zip Code	Business
7. Occupation/Title:	Employer:
8. List all County board, commissions or committees of which you are no	by or have been a member. Indicate dates of service.
9 Summary of qualifications related to group(s) listed above (What ever	erience or special knowledge do you bring to your area of
interest?) F fame bacca worth the Red (125's)	Since landing 1047 Annual
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) I have been with the Red COOSS SINCE JOANARY 1997. I deployed affect 911 to new York. I have been amational clicit case Worker Supervision	
atta 911 to now Port. I have been and	Johal Clicht Lase Worker Suxrivisa
10. Affiliations with professional and/or community groups:	
10. Anniations with professional and/or community groups.	
11. Why do you seek appointment? I did not seck the	S appoint achi but un willing
to solve	
12. Additional Information: Give any information explaining your qualification	
community organization memberships, or personal interests that bea	r on your application for above Board, Commission, or
Committee. Attach additional sheets as necessary.	
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Suc	
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.	 A state of the sta
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Signature of Applicant	SIGN HERE 512912015
	Date
REVISED 1/6/2011 11:55 AM You can save this completed applic	

Clear Form

Spell Check



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