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

	Convi	o Su	pervisor	- D	istrict	
	COPY !	10 20	201 41201	- 0	13th ICE	

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 wint in lak or type

Board/Commission Appl		out to me a new applicati	2. Today's Date:		
	•				
El Dorado County Solid W	rasie Advisory Commit	04/26/2015			
3. Name:	Manan	1	4. E-Mail Address:		
Spinella	Nancy	Lynne	5-2		
Last	First	Middle			
5. Address:			6. Telephone:		
ATTENDED AND ADDRESS AND ADDRE	manager consider the re-				
Number Street			Home		
Rescue		95672			
City		Zip Code	Business		
7. Occupation/Title:			Employer:		
Accountant					
8. List all County board, co	ommissions or committee	es of which you are n	ow or have been a member. Indicate dates of service.		
EDSWAC - about 9 years					
2					
0 6					
Summary of qualification interest?)	ons related to group(s) lis	ted above. (What ex	perience or special knowledge do you bring to your area of		
Avid recycle advocate and	d conservationist.		*		
Affiliations with profess	sional and/or community	groups:			
11. Why do you seek appoi	ntment?				
To continue to promote the	e reduction of the waste	e stream in El Dora	do County.		
12. Additional Information:	Give any information exp	plaining your qualific	ations, experience, training, education, volunteer activities,		
			r on your application for above Board, Commission, or		
	itional sheets as necessar	ry.			
Past service at EDSWAC.					

13. Indicate Supervisor who	will receive a copy of the	is application:			
Michael Ranalli					
		ire not considered to	be County employees for purposes of benefits, such as		
Workers Compensation, hea	ilth insurance, etc.				
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Signature of Anglistat					
Signature of Applicant			Date		
REVISED 1/6/2011 11:55 AM	You can save	this completed applic	ation and attached to an email and send to edc.cob@edcgov.		
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