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 Supe | ervisor | 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.

| | a new application for another year of eligibility. Please print in ink or type. | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|--|
| 1. Board/Commission Applying for: | 2. Today's Date: | | | | |
| First 5 | 04/10/2015 | | | | |
| 3. Name: | 4. E-Mail Address: | | | | |
| Elliston Michele | | | | | |
| | Aiddle | | | | |
| 5. Address: | 6. Telephone: | | | | |
| | | | | | |
| Number Street | Home | | | | |
| El Dorado Hills 95762 | | | | | |
| City Zip Code 7. Occupation/Title: | Business Employer: | | | | |
| Assistant to Dist. 1 County Supervisor Ron Mikulaco | | | | | |
| | El Dorado County | | | | |
| 8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. I have worked as an assistant to Dist. 1 Supervisor, Mikulaco for 2 years. | | | | | |
| 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 a Master's Degree in Psychology with an interest and many classes in Early Childhood Education, Psychology, Development, Behavior, etc. I also worked as a teacher's assistant for many years to classes of children preschool to middle school. I have been a foster parent to 5 children as well as parenting my own. | | | | | |
| 10. Affiliations with professional and/or community groups: | | | | | |
| Local children's sports teams coordinator, curently serving on the board for a region wide large cycling team, have served for years on a large local HOA board. Professional: associated manufacturing and after market service groups, Community, local school group. | | | | | |
| 11. Why do you seek appointment? | | | | | |
| To serve my community and assist with the First 5 Board. To represent District 1 as best I can with my experience as a local parent, foster parent, teaching assistant and background in Psychology. | | | | | |
| 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. I have a vast interest in children 6 and under, the needs that must be met, curiosities encouraged, knowledge gained to | | | | | |
| propel them further in school to advance success in their lives. Those are critical investment years in order to increase their self esteem, and in short, hopefully avoid costly prevention or remediation efforts in their future. | | | | | |
| 13. Indicate Supervisor who will receive a copy of this applic Mikulaco - District 1 | ation: | | | | |
| Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as Workers Compensation, health insurance, etc. | | | | | |
| Michele Elliston (Signed copy to follow) | 04/10/2015 | | | | |
| Signature of Applicant | Date | | | | |

Clear Form

REVISED 1/6/2011 11:55 AM

Spell Check

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

15-0694 D

of 1 Print