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 Supervisor - District ____

desire consideration. For mo	re complete information or assista	ince contact the Clerk of the	Commission, or Committee (only one per application please) for the Board of Supervisors' Office. This application shall be maintal ion for another year of eligibility. Please print in ink or type.	which you ined for a
1. Board/Commission A		2. Today's Date:		
Community and Econor	mic Development Advisor	10/06/2015		
3. Name:		4. E-Mail Address:		
Orr	David	Robert		
Last	First	Middle		***************************************
5. Address:			6. Telephone:	7.7
7. Occupation/Title:		Zip Code	Business	
President and Co-Foun	der		Employer:	
The state of the s		6 3:1	Tahoe Mountain Lab, LLC. now or have been a member. Indicate dates of serv	
10 years of experience centered around skilled South Shore Chamber of 10. Affiliations with profilake Tahoe Kiwanis Me	in tech working and inves labor. Founder of Tahoe of Commerce we are work essional and/or community ember, TRYP Member, So	ting in early stage of Mountain Lab a too king to open a nonp groups:	perience or special knowledge do you bring to your companies. I understand how to cultivate commol for entreprenures. Also in partnership with Torofit business incubator. er of Commerce Member, Big Brothers, Big Sister Development Task Force.	munitys The
11. Why do you seek ap				
Answer on attached she	et.			
community organiza	dditional sheets as necessar	nal interests that bea	ations, experience, training, education, volunteer a ar on your application for above Board, Commission	ctivities, , or
Sue Novasel	ho will receive a copy of the			
Appointees to Boards, Co Workers Compensation, I	mmissions or Committees a nealth insurance, etc.	re not considered to	be County employees for purposes of benefits, suc	h as

REVISED 1/6/2011 11:55 AM

Signature of Applicant

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

SIGN HERE

Clear Form

Spell Check

15-1236 A page 1^{Print} 15-1236 A 1 of 1