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

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:
GEORGEROUN AIRPORT ADVISORY COMMITTE	1-9-16
3. Name;	4. E-Mail Address:
VORDERBRUDGEN GARY	
Last First Middle	
5. Addr NU GARDEN VALLEY GA 95633	6. Telephone
City Zip Code 7. Occupation/Title:	Business Employer:
7. Occupation/ Inte.	Linployer.
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service.	
GAAC 2012-70 PRESENT 9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) PILOT, HANKAR OWNER	
10. Affiliations with professional and/or community groups:	
11. Why do you seek appointment?	
TO MAILE GEORGETOWN AIRPORT SAFER & MORE	
PILOT FRIGNDLY & MORE PUBLIC ATTRACTIVE	
FILDT FRIGNDLY & MORE FUDLIC AURCENTUS	
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.	
Caryfail SIGNHERE 1-9-2016	
Signature of Applican	Date
REVISED 1/6/2011 11:55 AM You can save this completed application and attached to an email and send to edc.cob@edcgov.us	
Clear Form Spell Check Save Print	

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