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

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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: Child Prevention Abuse Council 3. Name: Laspina Gina M Last First Middle 5. Address: City Zip Code Business 7. Occupation/Title: Nursing assistant/Home care Aid 8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. see #11 below 9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) I worked on a Pediatric floor in a hospital for 5 years as a Nursing assistant. I am currently a student at Folsom Lake College, pursuing a Nursing degree in hopes of becoming a Pediatric Nurse Practioner. I am a parent of two young |
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| children, ages 2 & 5. |
| 10. Affiliations with professional and/or community groups: |
| El Dorado County Child Development Center, Ken Lowry M-3 State Preschool Parent Council Representative |
| 2016- Present |
| 11. Why do you seek appointment? |
| I am a parent of two young girls. I want to be more involved in our community, with children and I am very much a |
| advocate for children. To help raise awareness and education on this issue. |
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| 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. |
| My back ground is in Pediatrics in a hospital setting working with children 0-18. |
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| 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. |
| |
| Gina Laspina 01/12/2017 |
| Signature of Applicant 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 17-0122 B 1 of 1