

**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: First 5 El Dorado	2. Today's Date: 03/31/2016																		
3. Name: <table style="width: 100%;"><tr><td style="width: 33%;">Charles-Heathers</td><td style="width: 33%;">Patricia</td><td style="width: 33%;">Judith</td></tr><tr><td style="text-align: center;">Last</td><td style="text-align: center;">First</td><td style="text-align: center;">Middle</td></tr></table>	Charles-Heathers	Patricia	Judith	Last	First	Middle	4. E-Mail Address: patricia.charles-heathers@edcgov.us												
Charles-Heathers	Patricia	Judith																	
Last	First	Middle																	
5. Address: <table style="width: 100%;"><tr><td style="width: 15%;">768</td><td style="width: 65%;">Pleasant Valley Road, Ste 201</td><td style="width: 20%;"></td></tr><tr><td style="text-align: center;">Number</td><td style="text-align: center;">Street</td><td></td></tr><tr><td colspan="2">Diamond Springs</td><td style="text-align: center;">95619</td></tr><tr><td style="text-align: center;">City</td><td></td><td style="text-align: center;">Zip Code</td></tr></table>	768	Pleasant Valley Road, Ste 201		Number	Street		Diamond Springs		95619	City		Zip Code	6. Telephone: <table style="width: 100%;"><tr><td style="width: 60%;">Home</td><td style="width: 40%;"></td></tr><tr><td>(530) 621-6270</td><td></td></tr><tr><td>Business</td><td></td></tr></table>	Home		(530) 621-6270		Business	
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Number	Street																		
Diamond Springs		95619																	
City		Zip Code																	
Home																			
(530) 621-6270																			
Business																			
7. Occupation/Title: Assistant Director of Health Services	Employer: El Dorado County HHSA																		
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. a. Mercy PRN Advisory Board (2004-2006) b. Wonder Inc., Board of Directors (2005-2007) c. Rancho Cordova Soccer Club Board of Directors (2003-2007)																			
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) a. Designed and implemented this program; served in capacity of program knowledge and quality support. b. Focus on providing Mentors to kids in Foster Care; provided program knowledge; served as Board Secretary. c. Provided opportunities for children to play a team sport; served as Treasurer for 2 years.																			
10. Affiliations with professional and/or community groups: Currently a member of the American Counseling Association Past affiliation with Big Brothers/Big Sisters of Greater Sacramento																			
11. Why do you seek appointment? I bring extensive education, experience, knowledge and passion for making a difference and improving the lives of children and families. I believe I can add to the expertise that is already present on this Commission																			
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. Ph.D., in Clinical and Organizational Psychology and an Adjunct Faculty at California State University Sacramento for 16 years, teaching classes in the Department of Counselor Education. Extensive experience working in Executive Management positions and as a volunteer within the non-profit sector for organizations serving children, youth and families.																			
13. Indicate Supervisor who will receive a copy of this application: Don Ashton, MPA, Director, El Dorado County Health and Human Services Agency																			

Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as Workers Compensation, health insurance, etc.



Signature of Applicant

SIGN HERE

3-31-16

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

16-0363 A 1 of 1

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