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

| | Сору | 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 o | nly. After one year it is necessary | to file a new applicat | tion for another year of eligibility. Please print in ink or type. | | | |
|---|--|-------------------------------------|------------------------|--|--|--|--|
| 1. E | Board/Commission Apply | ing for: | 2. Today's Date: | | | | |
| Firs | t 5 Commission | | April 5, 2017 | | | | |
| 3. 1 | Name: | | | 4. E-Mail Address: | | | |
| | Zelinsky | Constance | Susan | | | | |
| | Last | First | Middle | | | | |
| 5. A | Address: | | | 6. Telephone: | | | |
| | | | | | | | |
| | Number Street | | | | | | |
| | Placerville | 9! | 5667 | | | | |
| | City | 7:- | | Ducinors | | | |
| 7 | Occupation/Title: | | o Code | Business Employer: | | | |
| 1 | etired | | | n/a | | | |
| 10 | | | | 11/a | | | |
| 8. | List all County board, co | mmissions or committees | of which you are | now or have been a member. Indicate dates of service. | | | |
| ۵ | (D) (II - O - II - | 6 6 6 6 6 6 | | | | | |
| | | use Re-use Blue Ribbon | Committee Jun | e 2015 to present | | | |
| Firs | t 5 Commision Nov. 20 | 16 to present | | | | | |
| 9. | Summary of qualification | ns related to group(s) liste | d above (What e | xperience or special knowledge do you bring to your area of | | | |
| ا ع. | interest?) | is related to group(s) liste | a above. (vviiat e | xperience of special knowledge do you bring to your area of | | | |
| Engagement in the goals of the group, regular attendance, good listening and communication skills, ability to abide by | | | | | | | |
| privacy regulations and other requirements of the group. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | onal and/or community gr | | | | | |
| Breastfeeding Coalition of El Dorado County 2012-2014 | | | | | | | |
| El Dorado Community Roundtable on Human Rights 2004-2006 | | | | | | | |
| Pride and Joy and Family Connections 1994-1999 | | | | | | | |
| 11 | Why do you seek appoir | ntmont? | | | | | |
| Mv i | ntersts have focused s | trongly on infant and ear | rly childhood we | Ilbeing, and young child parenting goals. My | | | |
| background in the Women, Infants and Children Program (WIC) and El Dorado County government has given me some | | | | | | | |
| understanding of the needs of young families within our commuties and the efforts made to meet them. The goals of El | | | | | | | |
| Dorado First 5 Commission are ones that I share. | | | | | | | |
| 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 worked as assistant to Penny Humphreys, District IV El Dorado County Supervisor, from 1999-2002 during the formation | | | | | | | |
| of the First 5 Commission and attended meetings during that time. I was a WIC Lactation Education Counselor and WIC | | | | | | | |
| Nutrition Educator 2010-2014. | | | | | | | |
| 13. Indicate Supervisor who will receive a copy of this application: | | | | | | | |
| District III Supervisor, Brian Veerkamp | | | | | | | |
| Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as | | | | | | | |
| \//o | Workers Compensation, health insurance, etc. | | | | | | |

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You can save this completed application and attached to an email and send to edc.cob@edcgov. 16-0363 2E 1 of 1