

**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: <u>HUMAN RIGHTS COMMISSION</u>	2. Today's Date: <u>3-26-2018</u>
3. Name: <u>MARTINEZ BILL CORDOVA</u> Last First Middle	4. E-Mail Address: <u>B</u> <u>h</u>
5. Address:  Number Street <u>So. Lake Tahoe</u> <u>96150</u> City Zip Code	6. Telephone: <u>530. 545-</u> Home <u>530. 542.</u> Business
7. Occupation/Title: <u>Executive Director</u>	Employer: <u>So. Lake Tahoe Family Resource Center</u>
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service.  <u>N/A</u>	
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) <u>As E.D of the FRC I serve the Latino and indigeat members of our community. I also have experience working with Native American Tribes.</u>	
10. Affiliations with professional and/or community groups: <u>S.L.T. Community Health Advisory Comm., Lake Tahoe Collaborative Barton Hospital Exec. Leadership EL DORADO Co. Behavioral Health Comm.</u>	
11. Why do you seek appointment? <u>To bring a voice to our underserved constituents.</u>	
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: <u>NOVA SEL</u>	

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

Bill C Martinez  
Signature of Applicant



3/26/2018  
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