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 _

desire consideration. For more	e complete information or assistar	ace contact the Clerk of t	Commission, or Committee (only one per application please) for which you he Board of Supervisors' Office. This application shall be maintained for a ion for another year of eligibility. Please print in ink or type.
1. Board/Commission Applying for:			2. Today's Date:
Human Rights			07/09/2018
3. Name:			4. E-Mail Address:
Simpkin	Susan	E	
Last	First	Middle	
5. Address:			6. Telephone:
Number Street			Home
Placerville		95667	
City		Zip Code	Business
7. Occupation/Title:			Employer:
Psychologist / psychotherapist 8. List all County board, commissions or committees of which you are r			Self
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?)			
10. Affiliations with professional and/or community groups: PFLAG, New Freedom Choir, MLUSD Teachers Association / Retired Teachers Association, former board member of the El Dorado County Round Table on Human Rights			
11. Why do you seek appointment?			
Having been a lifetime resident of El Dorado County (and member of the LGBTQ community), I am keenly aware of the needs of marginalized communities here. The only time I ever encountered verbal harassment was in Placerville. I have been an active learner and am passionate about issues of human rights and would bring that voice to the 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.			
MLUSD - Chair of Safe Schools, CTA human rights contact; TRAINER/SUPERVISOR - Graduate students Gender Health			

Workers Compensation, health insurance, etc.

International Bully Prevention Conferences; Community Dialogue(EDC), Teaching Respect for All (GLSEN)

13. Indicate Supervisor who will receive a copy of this application:

Michael Ranalli

REVISED 1/6/2011 11:55 AM

07/09/2018 Susan Simpkin Date Signature of Applicant

Center, CTA, Equity Institute, Beyond He and She (EDC educators/mental health providers); ADDITIONAL TRAINING -

Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as

You can save this completed application and attached to an email and send to edc.cob@edcgov.us 18-1039 A 1 of 1

Clear Form

Spell Check