## **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	
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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 f	or another year of eligibility. Please print in ink or type.
1. Board/Commission Applying for:	2. Today's Date:
CEMETERY ADVISORY COMMITTEE	7/7/18
3. Name:	4. E-Mail Address:
GROSS CHARLANE S.	The Control of the time of the section
Last First Middle	6 Telephone
	6. Telephone:
Number Street POLLOCIC PINES 95726	
City Zip Code	
7. Occupation/Title: ANCHAEOLOGIST	Employer: AES
8. List all County board, commissions or committees of which you are now	or have been a member. Indicate dates of service.
9. Summary of qualifications related to group(s) listed above. (What experinterest?)  ALCHAROCORST HISTORIAN  EXCHNATED NUMEROUS HISTORIC  THEN MY CHRER.  10. Affiliations with professional and/or community groups:  LISTED ON NEGISTER OF PRO  NAMBER SOCIETY FOR CHIFORN	V. (HAVE RESEMPLIED &  AND PREHISTORIC COMETER  OFESSION RE ASCHAEDEDISTS  WIA PRCHAEDEDAY
11. Why do you seek appointment? I HAVE SEEN A I FOR 18 YEARS, AND AN INTERES	TED IN THE HISTORIC
PRESERVATION & INTERPRETATION	e of THE KEGION,
12. Additional Information: Give any information explaining your qualification community organization memberships, or personal interests that bear Committee. Attach additional sheets as necessary. ( HAVE BE	on your application for above Board, Commission, or
OPPORTUNITY TO DOLUNTEEN MY TO	ME, AND THIS FITS WITH
my professiona QUALIFICATIONS,	AND PRESINAL INTRAKSIS.
13. Indicate Supervisor who will receive a copy of this application:	in DAWSON
Appointees to Boards, Commissions or Committees are not considered to b Workers Compensation, health insurance, etc.	e County employees for purposes of benefits, such as
Clothe In	7(7((8
	Date

Signature of Applicant

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

**Print**