

## APPLICATION FOR COUNTY OF EL DORADO BOARD OF SUPERVISORS BOARD, COMMISSION, OR COMMITTEE

Clerk of the Board of Supervisors 330 Fair Lane, Placerville, CA 95667 (530) 621-5390 | edc.cob@edcgov.us

| Board or Commission Applying For El Dorado County Commission for Youth and Families  | Vacant Position or Title Public Member |                            |
|--|--|----------------------------|
| First Name Barry   | Last Name<br>Harwell                   |                            |
|  |  |                            |
|  | Residential City Placerville           | Residential ZIP Code 95667 |
|  |  |                            |
| Occupation/Title  Executive Director   | Sierra Child & Family Services         |                            |
| List all County boards, commissions or committees to which you are/were appointed. Please include dates of service.  N/A   |  |                            |
| I have been the Executive Director of Sierra Child & Family Services since 1997, and currently oversee foster care, mental health, and adoption programs serving approximately 400 children per month. We have programs on both slopes of El Dorado county, and a large presence in West Slope high schools providing mental health services. I have participated in countless county-wide collaborative efforts to improve services to children, and I am also a very active member of the California Alliance of Child and Family Services, participating in numerous statewide collaborations to reform services to children.  Affiliations with professional and/or community groups |  |                            |
| California Alliance of Child and Family Services Quest For Excellence  Why do you seek appointment? I am a lifelong resident of El Dorado County with a lifelong commitment to the children and families of our community.   |  |                            |
| Additional Information (no value entered)  |  |                            |
| If known, indicate the member of the Board of Supervisors who will receive a copy of this application (no value entered)   |  |                            |
| File Attachments (no attachments added)  |  |                            |
| Signature of Applicant*  | Date <b>01/06/2020</b>                 |                            |

<sup>\*</sup> You consent and agree that you are signing this document electronically. You further agree that your electronic signature is as valid as if you manually signed the document in writing. 01/06/2020 10:15:13, ID: 57, URL: https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx