

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 | Vacant Position or Title | |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|
| First Name | Last Name | |
| Email Address | | |
| Primary Residential Address | Residential City | Residential ZIP Code |
| Daytime Telephone | Mobile Telephone | |
| Occupation/Title | Employer | |
| List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. | | |
| Summary of qualifications Affiliations with professional and/or community groups Why do you seek appointment? | | |
| Additional Information | | |
| If known, indicate the member of the Board of Supervisors who will receive a copy of this application | | |
| File Attachments | | |
| Signature of Applicant* | Date | |

^{*} 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.