




# 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 <b>El Doardo County Early Care and Education Planning Council</b>		Vacant Position or Title <b>Council category of "Child Care and Development Provider" or "Community Agency"</b>	
First Name <b>Amy</b>		Last Name <b>Lindstrom</b>	
		Residential City <b>South Lake Tahoe</b>	Residential ZIP Code <b>96150</b>
		Mobile Telephone	
Occupation/Title <b>Teacher/Lead - Preschool and Infant Programs for Lake Tahoe Unified School District</b>		Employer <b>Lake Tahoe Unified School District</b>	
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. <b>None that I recall</b>			
Summary of qualifications <b>I have a B.S. degree in Human Development and Family Studies. I have been teaching for almost 28 years. I was the director of a child development center for 7 years and was supervisor of 6 employees and preschool and school age programs. I have worked to achieve NAEYC accreditation for my school on several occasions. I have been a parent volunteer in this community for approximately 16 years, including sports teams, school events, and PTA board positions, including president.</b>			
Affiliations with professional and/or community groups <b>I previously was a member of the National Association for the Education of Young Children. I am currently not a member.</b>			
Why do you seek appointment? <b>I would love to be able to use to my knowledge and experience to give back to my community. I would love to help to have meaningful discussions to improve child care and education in El Dorado County. I also see this as an opportunity to learn and gain knowledge from other professionals' experience and education. I want to anything possible to help the children and families of El Dorado County.</b>			
Additional Information <b>I have spent my entire adult life helping children and families in any way possible. I would love to continue to challenge myself and grow professionally, while continuing to enhance the lives of children in my community.</b>			
If known, indicate the member of the Board of Supervisors who will receive a copy of this application <b>(no value entered)</b>			
File Attachments <b>(no attachments added)</b>			
Signature of Applicant* 		Date <b>05/21/2021</b>	

\* 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.  
05/21/2021 11:35:46, ID: 187, URL: <https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx>