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

	•		the Board of Supervisors' Office. This application shall be maintained for a tion for another year of eligibility. Please print in ink or type.	
1. Board/Commission Ap	plying for:	2. Today's Date:		
Mental Health Commission			05/22/2017	
3. Name:			4. E-Mail Address:	
Santiago	Norma	Iris		
Last	First	Middle		
5. Address:				
Number Street		00450	Home	
South Lake Tahoe		96150	_	
City		Zip Code	Business	
	7. Occupation/Title:		Employer:	
Consulting Services			Self now or have been a member. Indicate dates of service.	
9. Summary of qualifica interest?)	tions related to group(s) li	sted above. (What e	xperience or special knowledge do you bring to your area of	
Personal experience firs dealt with many policy a			y roommate's niece. As a former EDC Supervisor, I services.	
10. Affiliations with profe	essional and/or communit	y groups:		
None				
	al Health, I would like to to increase my knowled	ge base of the prod	experiences to help effectuate effective, efficient policy. cesses and procedures involved in this complex system ces available.	

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

Previous work in the health care system as well as the knowledge I obtain as a County Supervisor helped me navigate through the system when my son had a serious psychotic break two years ago. This experience increased my awareness of the gaps in the system that hamper process efficiencies and directly led to my interest in serving on this 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

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

Committee. Attach additional sheets as necessary.

REVISED 1/6/2011 11:55 AM

Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as Workers Compensation, health insurance, etc.

Norma Santiago	SIGN HERE	05/22/2017
Signature of Applicant	•	Date

You can save this completed application and attached to an email and send to edc.cob@edcgov.us

Clear Form

Spell Check

21-1466 B 1 of 1 Save

Print