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	
Committee (only one per application please) for which you	

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 for another year of eligibility. **Please print in ink or type.**

	period of one year only. After one year it is necessary to me a new application		
1.	Board/Commission Applying for:	2. Today's Date:	
3.	Name:	4. E-Mail Address:	
		_	
_	Last First Middle Address:	6. Telephone:	
5.	Address.	6. Telephone.	
	Number Street	Home	
	Number Street	Home	
	City Zip Code	Business	
7.	Occupation/Title:	Employer:	
8.	List all County board, commissions or committees of which you are no	w or have been a member. Indicate dates of service.	
9.	9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area		
	interest?)		
10.	10. Affiliations with professional and/or community groups:		
11. Why do you seek appointment?			
12.	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		
	Committee. Attach additional sheets as necessary.		
12	Indicate Cunamicar who will receive a convert this applications		
13. Indicate Supervisor who will receive a copy of this application:			
Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as			
Workers Compensation, health insurance, etc.			
		SIGN HERE	
Sign	nature of Applicant	Date	