



El Dorado County Child Abuse Prevention Council

Application for Appointment

This form is used for consideration of appointment made by the El Dorado County Board of Supervisors. Please complete this form and attach a resume if available.

Return completed form to the
Elizabeth Blakemore at 6767 Green Valley Road, Placerville, CA 95667 – 530-295-2312

1. DATE: _____
2. NAME: _____
3. Have you been appointed to a county board, council, committee, or commission? Y N

If yes, please indicate which ones and dates of service:

4. Why do you seek appointment on the Child Abuse Prevention Council?

5. What are your qualifications to be on the Child Abuse Prevention Council?

6. Do you have any affiliations with professional and/or community groups?

7. CONTACT INFORMATION:

Address _____

Home phone _____ Cell phone _____

Email _____

Employer/ Title:

Work phone _____

8. OTHER REMARKS:

Appointees to boards, commissions, committees, or councils are **not** considered to be El Dorado County employees for purposes of benefits, such as workers compensation, health insurance, etc.

Print name

Signature

Date