

El Dorado Hills Community Services District

**APPLICATION FOR APPOINTMENT TO A
DISTRICT ADVISORY COMMITTEE**

Committee: _____

Name: _____

Email: _____

Address: _____

Home phone: _____ **Work phone:** _____

Occupation and Title: _____

Employer: _____

List all boards, commissions or committees of which you are now or have ever been a member:

	Dates of Service
_____	_____
_____	_____
_____	_____

Why do you seek this appointment?

Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?)

(over)

Affiliations with professional and/or community groups:

Other remarks:

Complete this form to be considered for appointment to a District Committee by the CSD Board of Directors. You may also attach a resume if available. Return completed form and attachments to District Office at 1021 Harvard Way, El Dorado Hills. Appointees to committees are not considered to be employees for purposes of benefits, such as Workers Compensation, health insurance, etc.

Signature _____
Date

Applications and attachments become the property of EDHCSD.

For staff use only:

Approved: _____ **Denied:** _____ **Date:** _____

Reason for denial:
