AMADOR COUNTY BOARD OF SUPERVISORS COUNTY ADMINISTRATION CENTER *810 COURT STREET * JACKSON, CA * 95642 (209) 223-6470

COMMITTEE MEMBER APPLICATION FORM

	Date 3/4/2022
Please consider me for the following committee: ACBHA	AB
NAME: John Murphy	
Mailing Address:18060 Burke Drive, Plymouth, CA 9566	59
Physical Address: same	
Business Address: NA	
Telephone - Home:650-670-2680 Work	κ:
Please state briefly your qualifications and why you are in additional sheet of a er, if necessary):	terested in serving on this committee (use
As President of the Saint Vincent de Paul Society in Amador Co	unty, I see a great need to help people.
One of those in need are the homeless in our county. Mental h	nealth overlaps many who are homeless.
I hope my participating on this advisory committee I can under	stand better the needs in Amador County and
Advocate for those in need.	,
ignature / /	
John J. Trurally	
Please be aware this completed form may be released to any men- FOR CLERKS USE ONL	nber of the public or media upon request. Y- Application Rejected
Application Accepted	Committee Number—
Date Appointed	
Term Expires	
BOS\WPFILES\Committees\ADDlication form.aDD.doc	Supervisorial District