BOARD OF SUPERVISORS



COUNTY OF SANTACRUZ

GOVERNMENTAL CENTER

701 OCEAN STREET SANTA CRUZ, CALIFORNIA 95060-4069 (406) 454-2200 ATSS 564-2200

FAX (408) 454-3262

JANET K. BEAUTZ FIRST DISTRICT

WALTER J. SYMONS SECOND DISTRICT

MARDI WORMHOUDT THIRD DISTRICT

RAY BELGARD FOURTH DISTRICT JEFF ALMQUIST FIFTH DISTRICT

6/9/98 AGENDA:

June 2, 1998

BOARD OF SUPERVISORS County of Santa Cruz 701 Ocean Street Santa Cruz, CA 95060

> RE: 'APPOINTMENT TO LOCAL CHILD CARE PLANNING COUNCIL

Dear Members of the Board:

I recommend the appointment of the following person to the Local Child Care Planning Council, as a community representative (category 2), for a term of office to be determined by lot:

Clara Sigala 8059 Valencia Street Aptos, CA 95003 689-9641 (H) 479-9641 (B)

Sincerely,

RAY BELGARD,

Fourth District

RB:ted

Clara Sigala cc:

Local Child Care Planning Council

·08696A4

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

TO:

I NSTRUCTI ONS

If you are interested in serving on a County Advisory Body please complete the following application and return it to the Board of Supervisors, 701 Ocean St., Room 500, Santa Cruz, California. If you are interested in being considered for more than **one advisory** body a separate application should be submitted for each appointment you are seeking.

Upon receipt, your application for appointment will be routed to each Board member and then filed for further consideration by Board members when there is a vacancy on the advisory body. If a Supervisor is interested in nominating you for appointment, the Supervisor will contact you and discuss the appointment, the appointment process, and requirements for the advisory body in question.

Please specify below the Commission/Committee or Board to which you are seeking appointment and provide the requested Information.

Thank you	i for your interest in	County Government.
COMMI SSI C	ON, COMMITTEE or BOARD	Child Care Planning Counci
<u>Name</u>		Clara Sigala
Address		8059 Valencia st.
		Aptos, CA
Phone	(Home)	408-1089-9641
	(Business)	479-9641
Supervi so	orial District	
Length of	Residence in Area	2 years
Age	(Optional)	Circle one: Under 21
		21-30
		31-40
		0ver 40
PREVI OUS	COMMI SSI ON OR COMMI TTE	EE SERVED (Please specify)
^ \	Advisory Body	Term
hair	- of Watsonville	lask Torce Spring "18
(Cab	- 1 (1)	
•		

TO:

Cabrillo College	<u>Major</u> Science	ce/undecide	Degree AS	Year	
			1 11	Spring 3	7 199
			(B.A	Spring =	ing of 20
WORK/VOLUNTEER EXPERIENCE					
Organization O'Unterved - Kathicon Bos - 10 on 227	Address umprign um (Duncaion	Frague (A	volunteev	<u>Year</u> 194-	-198
-10 m 227 (- WFW union	Campaign	1	volunteer		
	2.1.	Litizmship	alquining	dean. 2	ctien
	2834 M	unpsist.	teacher/	1 16	île
	Fresno.	^	1/1/	120001115	

STATEMENT OF QUALIFICATIONS

Please attach a brief statement indicating why you are interested in serving on the advisory body in question and, why you are qualified for the appointment.

CERTI FI CATI ON

I certify that the above information is true and correct and I authorlze the verification of the information in the application in the event ${\bf I}$ am afinalist for the appointment,

Si gnat ure

Date

To Ailen Madera-Correa:

My name is Clara Sigala and I am a student at Cabrillo College. My interests in serving on the Child Care Planning Council are out of the interests of those students who need childcare services in Watsonville to further their education. I am dedicated to ensuring that I. as well as my student peers receive the highest quality of education possible, and will work to eliminate barriers that students come across such as the lack of childcare. For this reason. I am a student representative as well as the newly elected Vice President of Programs at Cabrillo. I will commit to the responsibilities and obligations necessary to be part of this council, and I am determined to see action in favor of implementing childcare at the Cabrillo Watsonville campus.

Sincerely,

Clara Sigala

Student at Cabrillo College.