COUNTY OF SANTA CRUZ

GOVERNMENTAL CENTER

701 OCEAN STREET SANTA CRUZ, CALIFORNIA 95060-4069 (408) 454-2200 FAX (408) 454-3262 TDD (408) 454-2123

JANET K. BEAUTZ
FIRST DISTRICT

WALTER J. SYMONS SECOND DISTRICT MARDI WORMHOUDT
THIRD DISTRICT

RAY BELGARD FOURTH DISTRICT JEFF ALMQUIST FIFTH DISTRICT

AGENDA: 6/9/98

June 2, 1998

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

RE: AT-LARGE APPOINTMENT TO AREA VII

DEVELOPMENTAL DISABILITIES BOARD

Dear Members of the Board:

I recommend the appointment of the following person as an atlarge representative to the Area Developmental Disabilities Board VII, for a term to expire January 1, 2001:

> Timothy Kelbert 290 Allan Lane Corralitos, CA 95076 761-0782 (H) 761-4622 (B)

> > Sincerely,

WALTER J. SYMONS, Supervisor

Il Symond

Second District

WJS:ted

cc: Timothy Kelbert

Area Developmental Disabilities Board VII

08698A2

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

INSTRUCTIONS

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 appoint. ment, 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	u for your inter	est in County Government.
COMMISSIO	ON, COMMITTEE or	BOARD Dovelopment Disability Board Drea VII
<u>Name</u>		Timothy Ke best
Address		290 Allan Ln
		Corralitos (a 95076
Phone	(Home)	408-761-0782
	(Business)	408-761-4622
<u>Supervi so</u>	orial District	
Length o	f Residence in A	rea 12 1/048 5
Age	(Optional)	Circle one: Under 21
		21-30 31-40
		Over 40
PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)		
	Advi sory I	<u>Term</u>
	Noue	

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.

CERTIFICATION

I certify that the above information is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

Signature

Tim Kelbert

290 Allen Ln. Corralitos, Ca 95076

May 6, 1998

County of Santa Cruz Board of Supervisors 701 Ocean St. Rm. 500 Santa Cruz, Ca 95076

Dear Terry Dorrey,

I am writing you because of my interest in volunteering my time on the advisory body for the Development Disability Board Area VII. Enclosed you will find my application.

My interest in volunteering stems from the years of raising Tiffany my daughter a mentally challenged young person. I would like to share ideas and support organization that helps make life a little easier and enjoyable.

My qualifications are derived from many years of raising Tiffany, that now resides in Santa Barbara at Devereux, the 1st half as a **full** family and the last 8 years on my own. I have experience many trails and tribulations from after school programs (or lack of), public school system, San Andrea Regional Centers, foster homes. As well as meeting some of the most incredible people that help the kids and families through what I would call an extremely challenging time.

I hope that you consider my qualifications an asset to the team. If you have any question feel free to call me at 408-761-4622.

Sincerely,

Tim Kelbert Enclosure: 1

cc: Virgina Grant