



County of Santa Cruz 59

BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069

(831) 454-2200 FAX: (831) 454-3262 TDD: (831) 454-2123

JANET K. BEAUTZ
FIRST DISTRICT

WALTER J. SYMONS
SECOND DISTRICT

MARDI WORMHOUDT
THIRD DISTRICT

TONY CAMPOS
FOURTH DISTRICT

JEFF ALMQUIST
FIFTH DISTRICT

AGENDA: 2/2/99

January 25, 1999

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

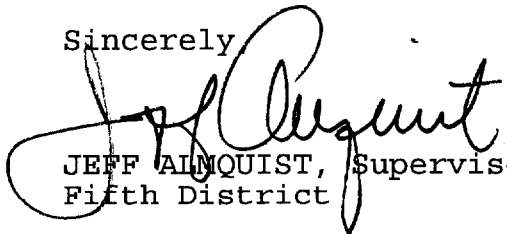
RE: APPOINTMENT TO MENTAL HEALTH ADVISORY BOARD

Dear Members of the Board:

I recommend the appointment of the following person to the Mental Health Advisory Board, as a representative of consumers, in accordance with County Code Chapter 2.104, Section 30, for a term to expire April 1, 1999:

Betty Sue Smith
180 Willowbrook Drive
Ben Lomond, CA 95005
336-5196

Sincerely


JEFF ALMQUIST, Supervisor
Fifth District

JA:ted

cc: Betty Sue Smith
Mental Health Advisory Board

1291A5

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

Betty Sue

60

A

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 S00, 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 for your interest in County Government.

COMMISSION, COMMITTEE or BOARD Mental Health Advisory Board

Name

Mrs Betty Sue Smith

Address

180 Willowbrook Dr

Ben Lomond Ca

Phone

(Home)

336-5176

(Business)

Supervisory District

Length of Residence in Area

Age

(Optional)

Circle one:

Under 21

21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Tern:

Secretarial Residential Meeting

at present time

" Ward government State Hosp"

Office Training - Gen. Business

receptionist filing, light typing forgot shorthand book keeping
typ 19 feed out.

EDUCATION

<u>Org</u>	<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
	Community College	Dental technician	NONE	61
	State mental Hospital	Dental assistant		last 20 years
	Lab-file clerk			
	Sewing repair of Laundry bags			0

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
Waitress		Restaurant	last 20 years
Some cooking & Baking			
dental work	State institution		
County mental Hospital			0

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.

Betty Sue Smith

Signature

Jan 1999

Date

Jan 20, 1998

STATEMENT FOR LMHB

I like to give input on programs and day to day life at facilities like Willowbrook.

I have lots of skills in clerical, filing, and helping clients at Willowbrook where I am a resident. I feel I can provide client oriented input.