



County of Santa Cruz

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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

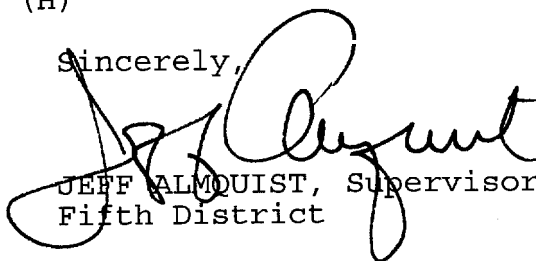
RE: APPOINTMENT TO SENIORS COMMISSION

Dear Members of the Board:

I recommend the appointment of the following person to the Seniors Commission in accordance with County Code Chapter 2.78, Section 30, for a term to expire April 1, 2001:

Mabel Baker
P.O. Box 904
Boulder Creek, CA 95006
338-3285 (H)

Sincerely,


JEFF ALMQUIST, Supervisor
Fifth District

JA:ted

cc: Mabel Baker
Seniors Commission

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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 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

SENIORS COMMISSION

Name

MABEL BAKER

Address

P.O. Box 904

BOULDER CREEK, CA. 95006

Phone

(H o m e)

338-3285

(Business)

Supervisory District

5TH

Length of Residence in Area

41 YRS.

A g e (Optional)

Circle one:

Under 21

21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

EDUCATION

Institution

Major

Degree

Year

WORK/VOLUNTEER EXPERIENCE

Organization

Address

Position

Year

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.

Mabel Baker

Signature

1/6/99

Date

