



# County of Santa Cruz

## 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: 2/9/99

February 1, 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, in the category of "person having experience and knowledge of the mental health system," in accordance with County Code Chapter 2.104, Section 30, for a term to expire April 1, 2001:

Maryellen Hannah  
225 Ocean Street  
Santa Cruz, CA 95060  
457-9581 (H)

Sincerely,

  
JANET K. BEAUTZ, Supervisor  
First District

JKB:ted

cc: Maryellen Hannah  
Mental Health Advisory Board

1298A1

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

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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

Mental Health Advisory

Name

Maryellen Hannah

Address

225 Ocean Street

Santa Cruz CA 95060

Phone

(Home)

831 457-9581

(Business)

Supervisory District

Muni Waukonst

Length of Residence in Area

18 years

Age

(Optional)

Circle one:

Under 21

21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**EDUCATION**

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| <u>Institution</u>  | <u>Major</u>   | <u>Degree</u>     | <u>Year</u> |
|---------------------|----------------|-------------------|-------------|
| WV State College    | Speech/Drama   | BA                |             |
| Marshall University | "              | Communications MA |             |
| Ontario/Putney      | Human Services | PhD               |             |

**WORK/VOLUNTEER EXPERIENCE**

|    | <u>Organization</u>   | <u>Address</u>      | <u>Position</u> | <u>Year</u>  |
|----|-----------------------|---------------------|-----------------|--------------|
| W. | Co Mental Health      | Emeline             | Con Coordinator | Retired 1998 |
| W. | SART                  | 941 El Dorado       | MA Worker       | 88-90        |
| W  | Crisis Worker on Call | for County M Health |                 |              |

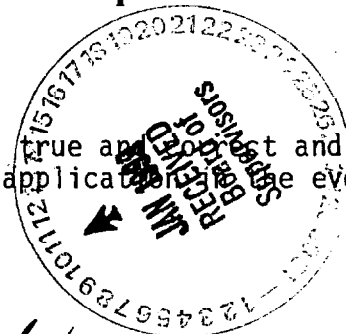
I am an Older Adults Specialist

**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. If at any time I am a finalist for the appointment.



Susan B. Harris

Signature

9-7-99

Date

I am aware of the needs of Older Adults and persons with major mental illness. I feel Older Adults are underserved by the MH System. I would like to work to correct that.

S. Harris

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