

# 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: 5/18/99

May 12, 1999

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

> APPOINTMENT TO NORTH COAST BEACHES ADVISORY COMMITTEE (REPRESENTATIVE OF SURFRIDER FOUNDATION)

Dear Members of the Board:

Mr. Frojon Banwell recently submitted his resignation from the North Coast Beaches Advisory Committee, where he served as the representative of the Surfrider Foundation. Therefore, the Foundation is asking that the Board make a new appointment to this position.

Accordingly, I recommend that the Board appoint the following person to the North Coast Beaches Advisory Committee, as the representative of the Surfrider Foundation, in accordance with Resolution No. 584-90, for a term to expire December 31, 1999:

> Neil McQueen P.O. Box 3684 Santa Cruz, CA 95063 475-9058 (H)

439-8007 (B)

Sincerely

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Board of Supervisors

JA:ted

Neil McQueen

North Coast Beaches Advisory Committee

Surfrider Foundation

### 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 Street, 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 applicant 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 the 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.

Supervisorial District  Length of Residence in Area  Age (Optional) Circle one:		TEE OR BOARD	NORTH CORET BEACHES ADVISORY COMMITTE
<u>Name</u>			HEIL MCQUEEN
Addre	<u>ss</u>		P.O.Box 3684 SANTA CRUZ, 95063
Phone	<u>2</u>	(Home)	475-9058
		(Business)	439-8007
Super	visorial District		
Lengtl	h of Residence in A	<u>\rea</u>	9 YEARS
<u>Age</u>	(Optional)	Circle one:	Under 21 21 - 30 31 - 40 Over 40
PREV	IOUS COMMISSIC	N OR COMMITTEE	SERVED (Please <u>specify)</u>
Advisory Body			<u>Term</u>

## **EDUCATION**

Institution	<u>Major</u>	<u>Degree</u>	<u>Year</u>
TEXAS ALM UNIVERS	SITY ENGINEERIN	6 TECHNOLOGY	B.S. 1984
			_
WORK/VOLUNTEER EXPE	ERIENCE		
<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
SURFRINER FOUNDATION	SANTA CRUZ	CHAIR-ENVIRONM	EUTAL COMM. 90
	CATIONS		
STATEMENT OF QUALIFIC			to constant and the
Please attach a brief state advisory body in question a		_	~
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CERTIFICATION			
I certify that the above information in the application			
Mar Ma Luce		4	-19-99
Signatur	re .		Date

May 6, 1999

Board of Supervisors

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