

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: 6/15/99

June 7, 1999

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

RE: APPOINTMENT TO PARKS AND RECREATION COMMISSION

Dear Members of the Board:

I recommend the appointment of the following person the Parks and Recreation Commission in accordance with County Code Chapter 2.70, Section 30, for a term to expire April 1, 2003:

Janet **Doten**216A Green Meadow
Watsonville, CA 95076
728-8918 (H)
728-4261, ext. 225 (B)

Sincerely yours,

TONY CAMPOS, Supervisor

Fourth District

TC:ted

cc: Janet **Doten**

Parks and Recreation Commission

1513144

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.

DANTA CIZUZ COUNTY

Thank you for your interest in County Government.

COMMISSION, COMMITTEE or BOARD

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<u>Name</u>	PARKS of REC. COMMISSION			
Address	JANET A. DOTEN			
	216 A GREEN MEADOW			
<u>Phone</u> (Home)	WATOONVILLE, CA 95576			
(Business)	(831) 728-8918			
Supervisorial District 4	(831) 120-4761 EXT 225			
Length of Residence in Area	25+VIA			
Age (Optional)	Circle one: Under 21			
	21-30			
	31-40			
	0ver 40			
PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)				
Advisory Body	<u>Term</u>			
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<u></u>				
"TY OF WATSONVI	ILLE			

EDUCATI ON			00099
<u>Institution</u>	Maj or	Degree	Year (221
MARBOUILLE	HIGH		
CABRILLO COLL	LAL		
WORK/VOLUNTEER EXPERIENCE			
<u>Organi zati on</u>	Address	Position	<u>Year</u>
P.V. GIRLS Sa	FIBALL	COACH	95-99
STATEMENT OF QUALIFICATION	S		
Please attach a brief stat the advisory body in quest	ement indicating which ion and why you are	hy you are intereste e qualified for the a	d in serving on appointment.
CERTIFICATION			
I certify that the above prification of the information for the appointment.			
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Signature

Date