

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: 6/22/99

June 10, 1999

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

RE: APPOINTMENT TO COMMISSION ON DISABILITIES

Dear Members of the Board:

I recommend the appointment of the following person to the Commission on Disabilities in accordance with County Code Chapter 2.72, Section 40, for a term to expire April 1, 2003:

Pat Green 860 Lake Village Drive Watsonville, CA 95076 728-9240 (H) 688-7434 (B)

Sincerely yours,

TONY CAMPOS Supervisor

Fourth District

TC:ted

cc: Pat Green

Commission on Disabilities

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PAT GREEN

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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 guestion.

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, COMMITTE	EE or BOARD (M)	ussion on lesabilit		
Name . Address	860 Was	t Green Lake Village Dr Donville OP 95076		
Phone (Hone)	831	728 9240		
——— (Busi n	ess) <u>83/</u>	688 7434		
Supervisorial Distr	ict FM	with district.		
Length of Residence	in Area /O	years		
A s (Optional)	Circle one	Under 21		
47		21-30		
/ /		31-40		
		Over 40		
PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)				
<u>Advi s</u>	ory Body	<u>Term</u>		
		<u> </u>		

Signature

06/10/1999 07:32 831-7283332

PAT GREEN

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STATEMENT OF QUALIFICATIONS		7 55 5
Please attach a brief statement indicating the advisory body in question and, why you are	why you are interest re qualified for the	ted <i>in</i> serving on appointment.
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<u>CERTIFICATION</u>		
I certify that the above information is true verification of the information in the applifor the appointment.	e and correct and I a cation in the event	authorize the I am a finalist
Palling	5-	-19-99

Date

PAT GREEN

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June 10, 1999

Dear Mr. Campos,

Thank you for your consideration for the appointment to the commission on disabilities. Having parents who are hearing impaired/deaf since childhood and a son who is mentally delayed and epileptic gives me insight to the public who has disabilities.

I have served on several community organization boards such as the American Heart Association and the Watsonville **YMCA** and I feel I can be an asset to your advisory body.

Sincerely,

Pat Green

860 Lake Village Drive

Watsonville, CA. 95076

(83 1) 728-9240