

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 WALTER J. SYMONS MARDI WORMHOUDT TONY CAMPOS JEFF ALMQUIST FIRST DISTRICT SECOND DISTRICT THIRD DISTRICT FOURTH DISTRICT FIFTH DISTRICT

AGENDA: 3/7/00

February 23, 2000

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

RE: AT-LARGE APPOINTMENT TO EMERGENCY MEDICAL CARE COMMISSION (REPRESENTATIVE OF FIELD CARE PROVIDERS)

Dear Members of the Board:

I recommend the appointment of the following person to the Emergency Medical Care Commission, as an at-large appointee representing field care providers, in accordance with County Code Chapter 2.52, Section 30, for a term to expire April 1, 2003:

> Ron Wernig 271 Meadowlark Lane Aptos, CA 95003 662-8868 (H) 423-7030 (B)

> > Sincerely,

Walt Symons

WALTER J. SYMONS, Supervisor Second District

WJS:ted

cc: Ron Wernig Emergency Medical Care Commission

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APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

INSTRUCTIONS

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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.

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Thank you for your interest in County Government.

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			31-40 Over 40			
Age	(Optional)	Circle one:	Under 21 21-30			
Length of	Residence in Area	1 YEAR		_		
Supervi so	rial District					
	(Business)	423-7030				
Phone	(Hone)	662-8868				
		APTOS	CA 95003	_		
Address		271 ME	HOWLARK LN			
Name		RON W	ERNIG			
			,			



EDUCATION

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Institution	Major	Degree	<u>Year</u>	
SAN DIEGO STATE	PARK MG	YT BA	75	
SAN DIEGO STATE	MASTER'S	COURSES P.A	$\frac{6}{\text{Delree}}$ 7	7-78
BUTTE COLLEGE	PARAMEDI	C LIC.	81-	82
UNIVERSITY - STATE OF	NEW YORK	R.N.	₹ A.S.	94
WORK/VOLUNTEER EXPERIENCE				
Organization	Address	Position	Year	
AMERICAN MED RESPON	SE SANTA	CRUZ COUNTY	SUPERVISOR	88 TO MEJEN
CHICO COMMUNITY HOSPITAL	CHICO CA	E. D. PARAMO	DIC SERVICE	80-88
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				<u>.</u>

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.

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Signature

2-11-00

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Santa Cruz County Board of Supervisors 701 Ocean Street, Room 500 Santa Cruz, California 95060

Ladies and gentlemen of the board:

Please accept for consideration my application for a seat on the county Emergency Medical Care Commission. I feel that my lengthy career in Emergency Medical Services as a paramedic, paramedic supervisor, and registered nurse and my academic background in public administration combine to make me a qualified candidate.

After years of providing patient care and supervising day-to-day E.M.S. operations, I look forward to the opportunity of working at the county policy level. I also look forward to having the opportunity to work with the current members of the E.M.C.C. many of whom I know from my twelve years experience in the Santa Cruz System.

Respectfully, Ron Wernig