

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: 6/6/00

May 19, 2000

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

RE: APPOINTMENT TO LONG TERM CARE INTERAGENCY COMMISSION

Dear Members of the Board:

I recommend the appointment of the following person to the Long Term Care Interagency Commission in accordance with County Code Chapter 2.116, Section 30, for a term to expire April 1, 2001:

> Bernice Robertson 5 Berkeley Court Santa Cruz, CA 95062 427-2737 (H and B)

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Spincerely

MQUIST, Supervisor

JA:ted

cc: Bernice Robertson

Long Term Care Interagency Commission

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APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY 0162

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 Co	ounty Government.					
COMMISSION, COMMITTEE or BOARD Long Term CATA INTERAGENCY COMMISSION						
<u>Name</u>	Bernice Robertson					
Address	5 Ber Keley CT					
	SANTA Cruz Ca 95062					
Phone (Hone)	(831) 427-2737					
(Business)	(831) 427-2737					
Supervisorial District	FIFTH DISTRICT					
Length of Residence in Area	23 years					
Age (Optional)	Circle one: Under 21					
	21-30					
	31-40					
	0ve 40					
PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)						
Advisory Body	<u>Term</u>					
Senor mmeacion	ONE Term					

Institution	Major	Degree	<u>Year</u>
U.C. Berkeley	Master Public Health	m PH	1970
UC. SF.	Med. Surg Nursing	m5	1963
SFISTATE	NUTSING ELICATION	BA	1962
Philadelphia Gene	eral Mursing	RN	1947

WORK/VOLUNTEER EXPERIENCE

<u>Organi zati on</u>	<u>Address</u>	Position	<u>Year</u>
NUISING CONSULTANT	STATE DEPT MENT	4 V Heath. SACK	CAMENITO 87
STATE DEPARTMENT	DACTAMENTO	HUTSING CONSU	ITANT 79
SANIMATED COUNTY	Reduced City	Comprehensive	Heath Plunning 69
•		DIRECTUR OF NO	o. 11525 64
Volunteer Centers Speaking aides in	e. Emeline S.C.	Teacher of E.	nighish To Spanish
Speaking Aides in	nursing Hum	į.	95-

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.

Signature

Date

To whom it may concern:

Bernice Robertson la

As a Registered Nurse who worked in Geriatric facilities, I have a concern for our elderly population which is growing.

I believe that communities need to be aware of the psychological, emotional, physical and societal needs of the elderly and to react to these needs.

It is not only the elderly that need attention but to their caretakers be it family or professionals.

It is for these reasons that I am applying as a member of the Long Term Interagency commission.