

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: 6/13/00

June 1, 2000

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

RE: APPOINTMENT TO DOMESTIC VIOLENCE COMMISSION (REPRESENTING WATSONVILLE COMMUNITY HOSPITAL)

Dear Members of the Board:

In accordance with County Code Chapter 2.118, Section 20, I recommend the appointment of the following person to the Domestic Violence Commission as the representative of Watsonville Community Hospital:

Lisa Gifford Watsonville Community Hospital 75 Nielson Street Watsonville, CA 95076 761-9163 (H) 761-5619 (B)

Sincerely,

, lormhoudo

MARDI WORMHOUDT, Chair Board of Supervisors

MW:ted

cc: Lisa Gifford Domestic Violence Commission

2059A6

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

INSTRUCTIONS

. . Stry P.

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 County Government.

 Name
 Lisa GIFFORD

 Name
 Director of Onime Health & Home

Address

Phone

(Home)

831-761-9163

75 Nig1500 3

WAtsonville CA 95076

(Business)

831-761 - 5619

Supervisorial District

Length of Residence in Area

Age (Optional j

groyeal

'Circle one:

Under 21 21 - 3031 - 40'Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Plea'se specify)

/ / . –	dvisory_Body	Term
FAILBROOK	Hospital Board of Chustees	1988 - 1990
NO Just FAIlbrack UN	Vion H.B . 11 (1, 1)	1990 - 1994
County Follbrack th	ealth cane Dustrict " "	1998 - 2007
		· · · ·
9 4		

0246

100, 1
<u>`</u>
-

WORK/VOLUNTEER EXPERIENCE

- 1

<u>Organiza</u> tion	Address	<u>Position</u>	<u>Year</u>
American NURSUS AND C	SAN FRANC	iso Theasured	96-98
SAn Diego med Dociety a		,	1988-1992
Stucke Prevention 300			1998-2000
many carlier years	0	e with Musis	y Specialty
Chranisations	0	120	
	·		

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.

ignature

5-23-00

Date

Statement of Interest In Service to Domestic Violence Commission

I have always accepted that Public Service is a component of my professional life. Past opportunities to serve have included Hospital Boards, School Boards, Access to Care Commission, and various annual Health Fairs. Each term of service has provided me with greater understanding of the needs of our society. I am proud to use my years of service on behalf of those who need such.

I owe much to my education and my years of experience in Nursing. I have nursed in ICU, Recovery Room, Med-Surg, Home Health and Hospice. Each experience has brought me into contact with varying aspects of our human condition. I also am grateful that Professional Nursing has enabled me to provide for my family after the death of my husband in 1985. I believe that my life's experiences and my professional experience combine to enhance my understanding of suffering, and the need for us all to assist in some small way to it's alleviation. I am aware of the need to educate, and facilitate the growth away from the violent situation.

I welcome the opportunity to represent Watsonville Community Hospital on this Commission.

Respectfully submitted,

WATSONVILLE

COMMUNITY HOSPITAL

Lisa Gifford, R.N., M.S.N. Director of Home *Health*

75 Nielson Street Watsonville, Cahfornia 95076 (831) 761-5655 Ext. 1654 Fax: (831) 761-1521 E-mail: lgiffman@aol.com



May 31, 2000

Steve Belcher, Chair Domestic Violence Commission District Attorney's Office 701 ocean Street, Room. 200 Santa Cruz, CA 95060

Dear Chief Belcher:

Please accept the nomination of Lisa Gifford, RN, representing **Watsonville** Community Hospital, to the Domestic Violence Commission. Lisa is the Director of Watsonville Community Hospital's Home Health Agency and is committed to our community.

Lisa has an extensive history of volunteer work and I feel she will be an asset to the Commission. Please contact me if you have any further questions.

Sincerely,

Barry S. Schneider Chief Executive Officer

0249