



County of Santa Cruz 0107

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: 6/20/00

June 13, 2000

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

RE: AT-LARGE APPOINTMENTS TO IN-HOME
SUPPORTIVE SERVICES ADVISORY COMMITTEE

Dear Members of the Board:

In accordance with Resolution No. 87-2000, I recommend the appointment of the following persons to the In-Home Supportive Services Advisory Committee, as at-large representatives in the categories indicated, for terms to expire March 21, 2002:

Consumer - Independent Provider Mode

Sandra Seeger
111 Alamo Avenue
Santa Cruz, CA 95060
429-1243 (H)

Consumer - Contract Mode

Rae Ellen Leonard
142 Belmont Street, #2
Santa Cruz, CA 95060
458-4138 (H)

Sincerely,


JANET K. BEAUTZ, Supervisor
First District

JKB:ted

cc: Sandra Seeger
Rae Ellen Leonard
Human Resources Agency

2088A1

29.1

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

0108

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 County Government.

COMMISSION, COMMITTEE or BOARD a s s Advisory Board

N a m e Sandra Seeger

Address 111 Alamos Ave
Santa Cruz CA 95060

Phone (Home) 831-429-1243

(Business) disabled

Supervisorial District

Length of Residence in Area 15 years

& (Optional) Circle one: Under 21
21-30
31-40
Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

<u>Advisory Body</u>	<u>Term</u>
_____	_____
_____	_____
_____	_____
_____	_____

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
Cabrillo College	undeclared	/	current
Livermore Acupuncture Center	Acupuncturist Intern		1987-'90
Five Branches Institute	Acupuncture		1984-'87

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
Secretary Youth Music Program			1992
Tutor program High School	Youth	organizer	1986-1989
Ayso		coach	1992
Ayso		Team manager	1986-1992

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.

Sandra Saiz
Signature

5.4.00
Date

I have been a recipient of IHSS in some compassion since 1990. I understand many of the difficulties of the disabled and the importance of quality workers trained workers in the IHSS.

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

. 0110

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.

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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, COMMITTEE or BOARD H155

Name Rae Ellen Leonard

Address 142 Belmont St. #2
S.C. Ca. 95060

Phone (Home) (813) 458-4138
(Business) _____

Supervisory District _____

Length of Residence in Area 11 years

Age (Optional) Circle one: Under 21
21-30
31-40
Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

<u>Advisory Body</u>	<u>Term</u>
<u>Housing Authority</u>	<u>Jan.-March 2000</u>
_____	_____
_____	_____
_____	_____

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
The Bayan H.S.	academia	HS diploma	1969
YSA	Psychology	4 yrs	

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
St. Francis Soup Kitchen	205 Maza St.	S.C.	1987-1999
St. Vincent de Paul	126 High St.	S.C.	1989-2000
Birtheright of A.C.	547 Fredrick St.		1991-2000

STATEMENT OF QUALIFICATIONS

I would like to be a voice for the disabled in S.C.

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.

D Leonard

4.12.00

Signature

Date

APR 2000
RECEIVED
BOARD OF
SUPERVISORS