



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: 6/20/00

June 15, 2000

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

RE: AT-LARGE APPOINTMENT 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 person to the In-Home Supportive Services Advisory Committee, as at-large representative in the category indicated, for a term to expire March 21, 2002:

Provider - Contract Mode

Anatalia Avila
610 Lincoln Street
Watsonville, CA 95076
722-6169 (H)

Sincerely yours,

Tony Campos Hcd
TONY CAMPOS, Supervisor
Fourth District

TC:ted

cc: Anatalia Avila
Human Resources Agency

2086A4

29.2

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 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 Am applying for the J.H.S.S. Advisory Committee

Name Anatalia Avila

Address 610 Lincoln St.
Watsonville CA 95076

Phone (Home) (831) 722-6169

(Business) _____

Supervisorial District 4th District

Length of Residence in Area 41 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>In Home Support Service</u>	<u>1 1/2 years serving</u>
_____	_____
_____	_____
_____	_____

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
Cabrillo College	E.C.E.	A.S.	1977
S.T.S.U.	Education	B.A.	1980

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
ST. Francis Youth Ctr	E. Lake	^{Volunteer} Secretary	1969-90
Assuncion Church	Salinas Rd	^{Volunteer} Secretary, Pastoral Council	1990-92
ST. Patrick Church	Main St	International Festival	1994-000
Education Director	YWCA E. Beach	Teacher/Director	1991-94
Buena Vista Child care	Buena Vista	Teacher	1976-78
Address Health care Services Santa Cruz from 1985-2000 ^{Home care provider}			

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.

I was
invite
for this

I always offer myself for anything I can do for people

CERTIFICATION

I am very much concern about services for all people who need services I want to offer to them ^{and respect dignity they}

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 ^{deserve} for the appointment.

Pratelia Acosta

Signature

4/14/08

Date