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# 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: 8/1/00

June 22, 2000

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

RE: APPOINTMENT TO MENTAL HEALTH ADVISORY BOARD

Dear Members of the Board:

I recommend the appointment of the following person to the Mental Health Advisory Board, in the category of Consumer/Family, in accordance with County Code Chapter 2.104, Section 30, for a term to expire April 1, 2003:

Judith E. Williams  
2749 Estates Drive  
Aptos, CA 95003  
688-3385 (H)

Sincerely,

WALTER J. SYMONS, Supervisor  
Second District

WJS:ted

cc: Judy Williams  
Mental Health Advisory Board

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**APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY**

0198

**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 LOCAL MENTAL HEALTH BOARD

Name

JUDITH E WILLIAMS (JUDY)

Address

2749 ESTATES DR  
APTOS, CA 95003

Phone

(Home)

(531) 688-3385

(Business)

Supervisorial District

DISTRICT 2

Length of Residence in Area

10 YRS

. &

(Optional)

Circle one:

Under 21

21-30

31-40

Over 40

**PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)**

Advisory Body

Term

_____	_____
_____	_____
_____	_____

**EDUCATION**

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
DOMINICAN COLLEGE	BIOLOGY	BA	1978
SAN JOSE STATE	BIOLOGICAL SCIENCE		1979

**WORK/VOLUNTEER EXPERIENCE**

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
NAT'L ALLIANCE FOR MENTALLY ILL			CURRENT
UCSC ARBORETUM			
PIONEER HOUSE			
COMMUNITY COUNSELING CENTER (MENTAL HEALTH)			

**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.

*My adult son is in the SC County Mental Health system.*

**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.

*Judy Williams*  
\_\_\_\_\_  
Signature

*June 22, 2000*  
\_\_\_\_\_  
Date

