



County of Santa Cruz⁰⁰⁶³

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: 11/14/00

November 1, 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 "person having experience and knowledge of the mental health system," in accordance with County Code Chapter 2.104, Section 30, for a term to expire April 1, 2003:

Laurie Jacobs
2100 Bean Creek Road
Scotts Valley, CA 95066
438-1332 (H)
336-8156 (B)

Sincerely,


JEFF ALMQUIST, Supervisor
Fifth District

JA:ted

cc: Laurie Jacobs
Mental Health Advisory Board

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APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODYINSTRUCTIONS

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

Mental Health

Name

Laurie Jacobs

Address

2100 Bean CreekScotts Valley

Phone

{Home}

438-1332

(Business)

336-8156

Supervisory District

5th

Length of Residence in Area

25 yr

Age

(Optional)

Circle one:

Under 21

21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

None

EDUCATION

0065

InstitutionMajorDegreeYear

Palomar College Psychology — —

WORK/VOLUNTEER EXPERIENCEOrganizationAddressPositionYearS.C. Care & Guidance
Hawbor Hillspsych aid 2 3+ yrs
"

S.A.R.T. / El Dorado

Mental Health Worker 10 yrs
on & off

Children's Mental Health

Activities Therapist 3 yrs

Valley Resource Center

Information & Referral 5+ yrs
AdvocateSTATEMENT 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

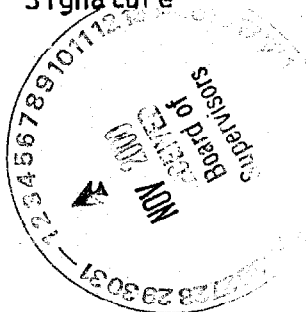
I certify that the above information is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

Laurie Jacobs

10.20.00

Signature

Date



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I am interested in serving on the Mental Health Advisory Board. I've worked in the mental health field since 1974. I am currently working at the VRC in the Information + Referral Program. We help people to access resources and services and provide advocacy as needed. We work with a lot of homeless people and people with mental illness. I would like to serve on the board to advocate for services.