



County of Santa Cruz

0067

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

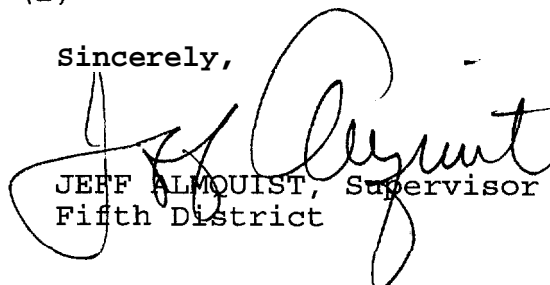
RE: APPOINTMENT OF ALTERNATE MEMBER
TO THE PLANNING COMMISSION

Dear Members of the Board:

I recommend the appointment of the following person as the Fifth District Alternate Member to the Planning Commission in accordance with County Code Chapter 2.74, Section 40, for a term to expire January 8, 2001:

Jim DeAlba
117 Woodhill Drive
Scotts Valley, CA 95066
454-4307 (B)

Sincerely,


JEFF ALMQUIST, Supervisor
Fifth District

JA:ted

cc: Jim DeAlba
Planning Commission

2607C5

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

0068

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

Planning Commission

Name

Jim DeAlba

Address

(12-4) 117 Woodhill Drive

Scotts Valley CA 95066

Phone

(Home)

pending

(Business)

454-4307

Supervisory District

5- Alquist

Length of Residence in Area

20 years full time, 45 years total

Age

(Optional)

Circle one: Under 21

21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

Emergency Shelter Program Board

1985-86 ?

Staff to Private Industry Council

1988-93

0069

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
CSU Chico	WPA	No	
CSU Chico	Bus Admin	yes	77
CSU Chico	Economics	yes	77

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
Misc.			

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.

Jim Dear

Signature

10 | 30 | 50

Date _____

