



County of Santa Cruz

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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

ELLEN PIRIE
SECOND DISTRICT

MARDI WORMHOUDT
THIRD DISTRICT

TONY CAMPOS
FOURTH DISTRICT

JEFF ALMQUIST
FIFTH DISTRICT

AGENDA: 2/6/01

January 23, 2001

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

RE: AT-LARGE APPOINTMENTS TO THE BOARD OF
DIRECTORS OF THE COMMUNITY ACTION BOARD

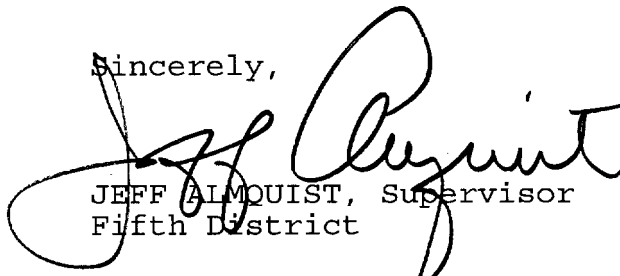
Dear Members of the Board:

I recommend the appointment of the following persons to the Board of Directors of the Community Action Board, as the at-large representative and the alternate at-large representative, respectively, for terms to expire April 1, 2005:

Nancy Carr Gordon (Reappointment)
741 Worth Lane
Scotts Valley, CA 95066
454-2714 (B)

David Espinoza
125-B Sylvar Street
Santa Cruz, CA 95060
471-6202 (H)
423-0900 (B)

Sincerely,



JEFF ALMQUIST, Supervisor
Fifth District

JA:ted

cc: Nancy Carr Gordon
David Espinoza
Community Action Board

2325A5

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APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

0100

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 Community Action Board
(At Large Appointment - Board of Directors)

Name Nancy Carr Gordon

Address 741 Worth Lane
Scotts Valley CA 95066

Phone (Home) 408 / 438 - 0108 unlisted

(Business) 408 / 454 - 2714

Supervisory District Fifth

Length of Residence in Area 19 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>Hazardous Materials Advisory Commission</u>	<u>1991 - current</u>
<u>Governor's Bay Area Regional Earthquake Project</u>	<u>1988-1989</u>
<u>County Disaster Council</u>	<u>1987 - current</u>
<u>19 AFE Technical Advisory Committee</u>	<u>1988 - 1990</u>

EDUCATION

0101

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
San Jose State Univ	Public Admin	MPA	1989
UC Santa Cruz	Psychology	BA	1979

WORK/VOLUNTEER EXPERIENCE

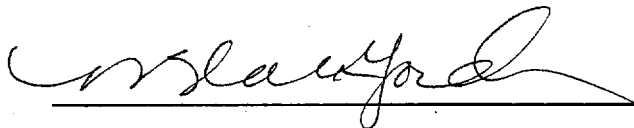
<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
Women's Crisis Support	SCz	Board of Directors	1990-current
Planned Parenthood		Volunteer Trainer	1979
NAAACP	Alabama	Field Rep	1976
County of Santa Cruz - Emerg Svcs		Dep Director	current

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.



Signature

8/4/95

Date

Application for Appointment to Community Action Board

I am requesting your Board's consideration in appointing me as the at large representative to the CAB's Board of Directors. I am very interested in the work of CAB and the multitude of benefits provided to the community through the different programs and services. I feel confident that my professional and volunteer work would prove of value to the Board of Directors, and would appreciate the opportunity to participate in CAB's efforts to meet the needs of the agency's clients.

Thank you,
Nancy C. Gade

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

0103

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, 707 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 CAB - Alternate

Name DAVID ESPINOZA

Address 125 B SYLVAN ST.
SANTA CRUZ, CA 95060

Phone (Home) (831) 471-6202

(Business) " 423-0900

Supervisory District

Length of Residence in Area 5 YEARS

Age (Optional) Circle one: Under 21

21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body Term
Student Fee Advisory Committee (VCSC) Fall 98 - Spring 99

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
UC SANTA CRUZ	POLITICS	BACHELOR OF ARTS	1999

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
88.1 FM KZSC SANTA CRUZ		EVENTS COORDINATOR	Fall 98-Spring 2000
Santa Cruz Green Party		Volunteer Coordinator	Spring 2000 - Fall 2000

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.

David Arinoza
Signature

12/28/00
Date

