

# County of Santa Cruz

2000

#### **BOARD OF SUPERVISORS**

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069 (631) 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)

Mincerely,

JEFF ALMOUIST, Supervisor Fifth District

JA:ted

cc: Nancy Carr Gordon
David Espinoza
Community Action Board

#### 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 omment—Board of Directors)
<u>Name</u>		· U_	Gordon
<u>Address</u>		741 Worth L	ane
		Scotts Valley	CA 95066
<b>Phone</b>	(Hone)	408/438-010	08 unlisted
	(Business)	408/454-271	4
Supervi sor	<u>ial District</u>	Fifth	
Length of	Residence in Area	19 years	
Age	(Optional)	Circle one:	Under 21
			21-30
			0ver 40

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

Advisory Body	<u>Term</u>
Hazardous Materials Advisory Commissi	on 1991-current
Governor's Boy Area Regional Earthqual	ce Project 1988-1989
County Disaster Council	1987-current
PAFE Techical Adirsony Committee.	1988-1990

<b>EDUCATION</b>	
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<u>Maj or</u>	<u>Degree</u>	Year Year
Public Admin	MPA	1989
Psycho logy	BA	1979
		•
	Public Admin	Public Admin MPA

## WORK/VOLUNTEER EXPERIENCE

	<u>Organi zati on</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
/ / \	Nomen's Chsis Suppo	ort SCZ	Board of Dir	ectors 1990-current
01 < 3	Planned Paventhood		Volunteer Train	er 1979
	NAACP	Alabama	Field Rep	1976
(	Pounts of Santa Cruz	- Emera Svcs	Dep Director	current
		<del>-</del>	·	

# 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

0102 -

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.

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#### INSTRUCTIONS

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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	<u> CAB - 4</u>	1 ternate
<u>Nane</u>		DAVID ES	PINOZ A
Address		125 B 5	ILVAR ST.
			(A 95060
Phone	(Hone)	(831) 471-6	202
	(Business)	423-0	900
<u>Supervi sori</u>	al District		
Length of I	Residence in Area	5 YEARS	<u> </u>
Age	(Optional)	Circle one:	
			21-30
			31-40 Over 40
PREVIOUS CO	DMMISSION OR COMMITTEE	E SERVED (Please	specify)
	Advisory Body		<u>Term</u>
< tudent	Fee Advisory Com	mittee (vcsc)	Fall 98 - Spring 99
			4

#### **EDUCATION**

<u>Institution</u>	<u>Maj or</u>	Degree	0318 <u>Year</u>
U ( S ANTA CRUZ	POLITICS	RACHELDROF ARTS	1999
WORK/VOLUNTEER EXPERIENCE			
Organization	<u>Address</u>	<u>Position</u>	Year
		<del></del>	
Organization  \$8.1 FM KZSC SANTAC		<del></del>	
Organization  \$8.1 FM KZSC SANTAC		Position  EVENTS COORDINATOR  Voluntee Coordinator	
<del></del>		<del></del>	

### 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.

AND SELECTION OF THE SECOND SERVICES

### 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.

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12 28/00

Date

Signature

DEC AND BOARD OF Supervisore

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