

# **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 ELLEN PIRIE SECOND DISTRICT MARDI WORMHOUDT
THIRD DISTRICT

TONY CAMPOS
FOURTH DISTRICT

JEFF ALMQUIST
FIFTH DISTRICT

**AGENDA:** 3/13/01

March 6, 2001

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

RE: AT-LARGE APPOINTMENT TO LONG TERM
CARE INTERAGENCY COMMISSION

Dear Members of the Board:

I recommend the appointment of the following person to the Long Term Care Interagency Commission, as an at-large representative of a publicly funded senior transportation program, in accordance with County Code Chapter 2.116, Section 30, for a term to expire April 1, 2004:

> Mark Hartunian 236 Santa Cruz Avenue Aptos, CA 95003 724-8359 (H) 688-8840, ext. 225 (B)

> > Very truly yours

ELLEN PIRIE, Supervisor

Second District

EP:ted

cc: Mark Hartunian

Long Term Care Interagency Commission

2407A2

## APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

## 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.

COMMISSIO	N, COMMITTEE or BOARD	LONG TERM CARE INT	TERAGENCY COMMISSION
Name		Mark L. Hartı	unian
Address		236 Santa Cruz Ave	
		Aptos, CA 950	003
<b>Phone</b>	(Home)	(831) 724-8359	)
	(Business)	(831)688-8840	DExt225
Supervisorial District		Ellen Pirie-2nd District	
Length of Residence in Area		21Years	
<u>Age</u>	(Optional)	Circle one:	Under 21 21-30
			31-40 Over 40

## PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

	Advisory Body	<u> Term</u>
	E&D/Tac ·	One Year
		<del></del>
39		

## **EDUCATION**

	<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
N	Manterey College Of Law	Jurispridence	Doctor	1998

## WORK/VOLUNTEER EXPERIENCE

<u>Organi zati on</u>	<u>Address</u>	<b>Position</b>	<u>Year</u>	
Legal Aid of the Cent:	ral Coast			
21 Carr Street				
Watsonville, CA 95076				
Legal Advocate for agency on matters regarding; Social benefits,				
Public education, and Landlord/Tenant disputes.				

## 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.

\*See Below

#### **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 final for the appointment.

Si gnature

I serve as the Consolidated Transportation Services Agency Director for Food & Nutrition Services, Inc. with this in mind, I would appriciate the privilege of serving as an Advisory Committee member so both agencies can continue to develop and promote Community Paratransit programs jointly that will meet the needs of all program participants,

Date