



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: 3/27/01

March 20, 2001

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

RE: AT-LARGE APPOINTMENTS TO IN-HOME
 SUPPORTIVE SERVICES ADVISORY COMMITTEE

Dear Members of the Board:

I recommend the appointment of the following persons to the In-Home Supportive Services Advisory Committee, as at-large representatives of Consumers, in accordance with Resolution No. 87-2000, for terms to expire March 21, 2002:

Donna Echols
 1635 Tremont Avenue, #124
 Santa Cruz, CA 95062
 475-4645 (H)

William D. McMullen
 3245 Clares Street, #108
 Capitola, CA 95010
 465-8254 (H)

Sincerely,

Mardi Wormhoudt

MARDI WORMHOUDT, Supervisor
 Third District

MW:ted

cc: Donna Echols
 William McMullen
 In-Home Supportive Services Advisory Committee

2452113

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.

COMMISSION, COMMITTEE or BOARD

I HSS ADVISORY COMMITTEE

Name

A.J. Services Personal Care Consumer
Norma Chols

Address

1635 Fremont Ave #124
Santa Cruz, Ca 95062

Phone

(Home)

831-475-4645

(Business)

Supervisory District

1st District - Jan Metz

Length of Residence in Area

17 years

Age

(Optional)

68

Circle one:

Under 21

' 21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

Deacon in my church

4 years

Elder in my church

last 2 years

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
Grey Bears	2716 Chandeleer	driver	1989-1998
Grey Bears	2716 Chandeleer	distributor	1999-present

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.

Donna Ehole

Signature

Feb 26 2001

Date



My reasons for wanting to be on this board is simple.

Right now I have a wonderful care givers, previous to Patty, numerous workers were sent to me that were not qualified.

Because I have had some bad experiences with previous workers I feel that my opinions would be beneficial to your board.

Sincerely,

Norma Thole

0757

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

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Thank you for your interest in County Government.

COMMISSION, COMMITTEE or BOARD IHSS Advisory Committee

Name (BILL) WILLIAM D. McMULLEN

Address 3245 CLARES ST #108

CAPITOLA, CA 95010

Phone (Home) (831)4658254

(Business)

Supervisorial District Jan Beautz' district

Length of Residence in Area Since 1997

Age (Optional)

12/30/56 DOB

Circle one: Under 21

21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

Cypress/Pleasant Care
- Resident Counsel President

98-99 1 yr.

86

0758

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
Univ. of Toledo, OH	Business/Law		'83-'85
Cabrillo College	Computer Science		'97-'99

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
Libbey-Owens-Ford	Ross-ford, OH	Quality Control	'76-'95
	Toledo, OH	Foreman in Warehouse	
	Lathrop, CA		

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.

William D. McMalben

Signature

3-6-01

Date



MAR- 6-01 TUE 12:43 PM CCCI

FAX NO,

4628727

P. 4

0759

Statement of Qualifications
William D. McMullen
IHSS Advisory Committee Applications
Attachment

I feel as a consumer of **IHSS** I could give input on the services, and work as a team member to improve communications and service delivery.