

County of Santa Cruz<sup>0179</sup>

## **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:** 4/24/01

April 13, 2001

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

RE: APPOINTMENT TO ALCOHOL AND DRUG ABUSE COMMISSION

Dear Members of the Board:

I recommend the appointment of the following person to the Alcohol and Drug Abuse Commission in accordance with County Code Chapter 2.84, Section 40, for a term to expire April 1, 2005:

> Giovanna Morelli 237 Via Novella Aptos, CA 95003

Very truly your

ELLEN PIRIE, Supervisor Second District

EP:lg

cc: Giovanna Morelli Alcohol and Drug Abuse Commission

2401B2

## **INSTRUCTIONS:**

If you are interested in serving on a County Advisory Body, please complete this application and return it to the Board of Supervisors, 701 Ocean Street, Room 500, Santa Cruz, CA 95060-4069. If you are interested in-being considered for appointment to more than one advisory body, a separate application must 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, you will be contacted to discuss the appointment, the appointment process, and requirements for the advisory body in question.

Please specify 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:

ALCOHUISM + DRUG ABUSE GIOVANNA MORELLI 237 VIA

Address:

Name:

Phone: (Home)

(Business)

Supervisorial District:

Length of Residence in Area:

**X** Over 40

Age (Optional) : 🖸 Under 21 🖸 21-30 🖬 31-40 🎘

PREVIOUS COMMISSION OR COMMITTEE SERVICE (Please specify):

Term 1982-86



(Please see reverse)

EDUCATION:

Institution	Major	Decr	<u>ee</u>	<u>Year</u>
S. Jose Stat	E SOCIAL	WK. M.	SW	1983
New York U	Inversity	Psych	BA	1975
, ,	. [	0		

WORK/VOLUNTEER EXPERIENCE:

Organization Position Year

## 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 appointment.

## CERTIFICATION

I certify that the above information is true and correct and authorize the verification of the information in the application in the  $\alpha$  event I am a finalist for the appointment.

Signature 178192023

32

Giovanna Morelli, MSW 23 7 Via Novella Aptos, CA 95003 688-7542

April 5, 2001

Board of Supervisors 701 Ocean Street, Suite 500 Santa Cruz, CA 95060

Dear Ms. Pirie,

I would like to be considered to fill the vacancy on the Alcoholism and Drug Abuse Commission. Enclosed is my application.

What I can bring to the position is the knowledge and experience acquired over the past 18 years of working throughout the continuum of alcohol and drug services, in prevention, intervention and treatment. My current teaching and consulting work keeps me involved with various aspects of the alcohol and drug field that are constantly effected by changes in public policy.

My interest in serving on the Commission at this time comes from a desire to participate in local decision making and to make a contribution to the community I love.

Please let me know if you would like additional information.

Sincerely.