

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:

6/5/01

May 16, 2001

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

RE: APPOINTMENT TO MENTAL HEALTH ADVISORY BOARD

Dear Members of the Board:

I recommend the appointment of the following person to the Mental Health Advisory Board, in the category of "consumer/family," in accordance with County Code Chapter 2.104, Section 30, for a term to expire April 1, 2002:

Simon Dangzalan 119 John Street Santa Cruz, CA 95060 426-1950 (H) 427-2550 (B)

Sincerely,

MARDI WORMHOUDT, Supervisor

Third District

MW:ted

cc: Simon Dangzalan

Mental Health Advisory Board

2580A2

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.

Local Mental Health Board
SIMON DANGZALAN
119 JOHN STREET
SANTA CRUZ CA 95060-6328
(831) 426-1950
(831): 427-2550
31: YEARS
Circle one: Under 21
21–30
31-40
Over 40
SERVED (Please specify)
<u>Term</u>
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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 ATTACHED

CERTIFICATION

I certify that the above information is true and correct and I authorize the verification of the information in the app ication in the event I am a finalist for the appointment.

Signature Signature

Date

Simon T. Dangzalan

119 John St., Santa Csuz, CA 95060-6328 * Home (831) 426-I 950 * Office (831) 427-2550 E-Mail: sdangzalan@hotmail.com

To: The Local Mental Health Board

Re: My qualifications to serve as member of the County Advisory Body

Personal Goal -

My personal goal is to help improve the quality of treatment of the mentally ill in every facet. My family has first-hand experience in the pain caused by mental illness of someone you love, and the feeling of hopelessness out of not knowing.

Experience with mental illness –

I have a son who has been ill with schizophrenia for the last three years. In order to cope with his condition and help him deal with his illness, we made it a point to get educated quickly and thoroughly about mental illness. My wife and I read books, articles, magazines, and just about every related material. We scanned the Internet for available information and currently subscribe to The Journal Watch and to Psychopharmacology Update. We have been completely involved with my son's treatment. We belong to CAMI and periodically attend the Family Support programs.

Educational background -

BSEE in Engineering.

Work Experience –

Hands-on Engineer for five years in electronics.

Manager of Engineering for fifteen years.

Manager of Manufacturing for ten years.

Insurance Agent for five years.

General Agent in charge of Central California for three years.

Retired from electronics in 1991.

Currently an Insurance Agent with time to spare.

Member of the Knights of Columbus, a fraternal organization of Catholic men dedicated to works of charity.