



# County of Santa Cruz 0127

## 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: 6/26/01

June 20, 2001

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

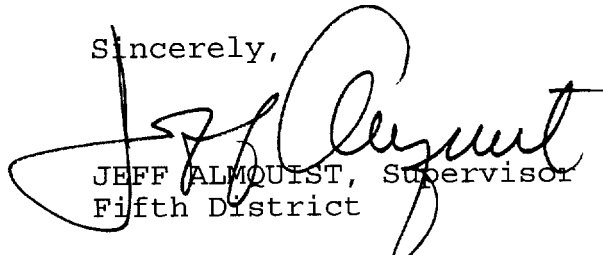
RE: APPOINTMENT TO ALCOHOLISM AND DRUG ABUSE COMMISSION

Dear Members of the Board:

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

William John Ferguson  
13780 Bear Creek Road  
Boulder Creek, CA 95006  
338-7387 (H)

Sincerely,



JEFF ALMQUIST, Supervisor  
Fifth District

JA:ted

cc: William Ferguson  
Alcoholism and Drug Abuse Commission

2646A5

0128

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODYINSTRUCTIONS:

If you are interest& 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 far each appointment you are seeking.

Upon receipt, your application for appointment will be routed to each Board member and rhen filed for further consideration by Board members wizen there is a vacancy on the advisory body. If a Supervisor is interested in nominating yau for appointment, you will be contactad 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:

Name:

Address:

Phone: (Home)

(Business)

Supervisory District:

Length of Residence in Area:

Age (Optional): ☐ Under 21 ☐ 21-30 ☐ 31-40 ☒ Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVICE (Please specify):

Advisory Body

Term

(Please see reverse)

0129

EDUCATION:

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
NEW MEXICO MILITARY	Poly Sci	AA	1962

WORK/VOLUNTEER EXPERIENCE:

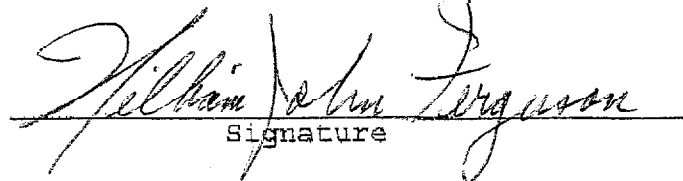
<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
FRIENDS OUTSIDE	1010 Emiline	VOLUNTEER	PRESENT

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 appointment.

CERTIFICATION

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

  
Signature

6-14-01  
Date

06222A6

6-14-01

Sir:

I feel that I can add a beneficial dimension to the advisory group since I myself am a recovering addict - alcoholic with 12 years of continuous clean & sober time.

Also my work with friends Outside keeps me in touch with inmates and their family's. I feel that some one with first hand knowledge would be helpful when it comes time to recommend programs.

Thank you for your consideration

William J. Ferguson