



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: 8/21/01

August 9, 2001

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

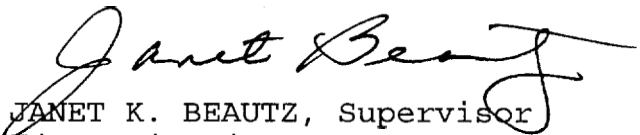
RE: APPOINTMENT TO MENTAL HEALTH ADVISORY BOARD

Dear Members of the Board:

I recommend the appointment of the following person to the Mental Health Advisory Board in accordance with County Code Chapter 2.104, Section 30, as a representative of the general public, for a term to expire April 1, 2004:

John Ashworth
1692 Patterson Lane
Santa Cruz, CA 95065
475-4626 (H)

Sincerely,


JANET K. BEAUTZ, Supervisor
First District

JKB:ted

cc: John Ashworth
Mental Health Advisory Board

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APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

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: Local Mental Health Board

Name: John Ashworth

Address: 1692 Patterson Lane
Santa Cruz, Ca. 95065

Phone: (Home) (831) 475-4426

(Business) _____

Supervisory District: _____

Length of Residence in Area: 4 years

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

PREVIOUS COMMISSION OR COMMITTEE SERVICE (Please specify):

Advisory Body

Term

For most of my adult life I have been involved in community service. Now I am retired and living in Santa Cruz. Its time for me to be involved here. Mental Health is a subject of great interest to me for both personal and community need reasons.

(Please see reverse)

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EDUCATION:

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
Univ. of California	Political Science	AB Degree	1960

WORK/VOLUNTEER EXPERIENCE:

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
City of Campbell		Councilman	1983-1994
		Mayor	1984-85 and 1989-90
		Parks + Rec Commission	1974-83
American Express Financial Services		Financial Planner	25 years - now retired

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 event I am a finalist for the appointment.

John Ashworth
Signature

July 2, 2001
Date

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