

County of Santa Cruz⁰¹¹³

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 10, 2001

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

RE: APPOINTMENT TO CHILD CARE PLANNING COUNCIL

Dear Members of the Board:

I recommend the appointment **of** the following person to the Child Care Planning Council, as a representative **of** Consumers (Category 3), for a term to expire April 1, 2005:

Karla Lynn Kleinsasser 4243 Sea Pines Court Capitola, CA 95010 464-2742 (H) 336-2857 (B)

Very truly yours

ELLEN PIRIE, Supervisor

Second District

EP:ted

cc: Karla Kleinsasser

Child Care Planning Council

2709A2

APPLICATION FOR APPOINTMENT TO THE SANTA CRUZ COUNTY CHILD CARE PLANNING COUNCIL (County Government appointment)

INSTRUCTIONS 0114

If you are interested in serving on the Santa Cruz County Child Care Planning Council please complete the following application and return it to the Board of Supervisors, 701 Ocean St., Room 500, Santa Cruz, CA 95060. 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 interesed 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 category of representation to which you are seeking appointment and provide the requested information.

Thank you for your interest in this advisory	y body.
COMMISSION, COMMITTEE OR BOA	ARD Public Policy/Public Engagneria
Name	Karla Lynn Kleinsasser
<u>Address</u>	4243 Seafmes Court Capital
<u>Phone</u> (Home)	831-404-2742 4501
(Business)	931-336-2857
Category you are applying for; (check all	that apply)
Category 1 - Child Care Providers	3
□ Category 2 - Community Represe funds for child care, but does not present the community of the communi	entatives; Agency or business that advocates or provides rovide child care.
Category 3 - Consumers Parents	who have received child care within the past 36 months.
☐ Category 4 - Public Agency Repre	esentatives; City, County or Local Education Agency
□ Category 5 - Other; any of the abo	ove or At Large Representative
PREVIOUS COMMISSION OR COMM	IITTEE SERVED (Please <u>specify)</u>
Advisorv Body	<u>Term</u>

WORK /VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	. <u>Year</u>	
CCSLV	8500 Hwy 9 Barlon	ord ca Fragra	in Director/stoo-pr	gsent
mid Counta Que	Mris Cute 505 Altu	uas Way Som	eacher 11/95-914 Dulum Durter -	12-97-
	Danease 4001 Eranin	$(1 \cdot 1)$	imark Tarities	5/00
	eld Development Cente	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
			Almint	TSSISKUT.

STATEMENT OF QUALIFICATIONS

Please attach a brief statement indicating why you are interesed in serving on the advisory body in question and why you are qualified for the appointment.

CERTIFICATION,

1 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.

Signature

Date

