



# County of Santa Cruz<sup>0083</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: 9/11/01

August 27, 2001

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

RE: APPOINTMENT TO COMMISSION ON DISABILITIES

Dear Members of the Board:

I recommend the appointment of the following person to the Commission on Disabilities in accordance with County Code Chapter 2.72, Section 40, for a term to expire April 1, 2003:

Michael Bush  
833 Front Street, #208  
Santa Cruz, CA 95060  
423-0125 (H)  
454-3236 (B)

Sincerely,

MARDI WORMHOUDT, Supervisor  
Third District

MW:ted

cc: Michael Bush  
Commission on Disabilities

3031C3

# APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

## INSTRUCTIONS:

If you're 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: DISABILITIES

Name: MICHAEL BUSH

Address: 833 FRONT 208  
SC CA 95060

Phone: (Home) 831 423 0125  
(Business) 61 454 3236

Supervisory District: MARDI W.

Length of Residence in Area: 33 yrs

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

## PREVIOUS COMMISSION OR COMMITTEE SERVICE (Please specify):

<u>Advisory Body</u>	<u>Term</u>
<u>COD</u>	<u>19 93 - 2000</u>

EDUCATION:

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
ST PATRICK'S COLL	PHILOSOPHY	BA	1970

WORK/VOLUNTEER EXPERIENCE:

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
COUNTY OF SC	TO	BUILDING PLANS	CHECKER 99-2001

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.

  
Signature

8/22/01  
Date



**Interest Statement**

**After being on the Commission on Disabilities from 1993-1999, and chairing it from 1995-1999, I resigned my seat because I had too many irons in too many fires and was not able to give the commission the attention it deserves. I have recently retired from my full time position with the County and am once again able to dig in to the work of the commission, for which by professional training and life experience I feel I am uniquely qualified. Diagnosed with MS twenty years ago, being a wheelchair user for thirteen, and being access czar of Santa Cruz County Planning Department for ten has provided a particular kind of expertise that qualifies me to represent the constituency of disabled persons to the board. I look forward to being of service once more in this capacity**



**Michael E Bush**  
**22 August 2001**