



County of Santa Cruz 0209

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: 11/20/01

November 8, 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, representing the interests of the community at-large, for a term to expire April 1, 2005:

Jon Bennett
9010 Soquel Drive
Aptos, CA 95003
684-2166, ext. 110 (B)

Very, truly yours,

ELLEN PIRIE, Supervisor
Second District

EP:ted

cc: Jon Bennett
Child Care Planning Council

2842A2

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

0210

INSTRUCTIONS

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 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 category of representation to which you are seeking appointment and provide the requested information.

Thank you for your interest in this advisory body.

COMMISSION, COMMITTEE OR BOARD SC County Child Care Planning
Name Jon Bennett
Address 9010 Soquel Dr. Aptos, 95003
Phone (Home) _____
(Business) 684-2166 #110

Category you are applying for: (check all that apply)

- Category 1 - Child Care Providers
- Category 2 - Community Representatives; Agency or business that advocates or provides funds for child care, but does not provide child care.
- Category 3 - Consumers; Parents who have received child care within the past 36 months.
- Category 4 - Public Agency Representatives; City, County or Local Education Agency
- Category 5 - Other; any of the above or At Large Representative

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

<u>Advisory Body</u>	<u>Term</u>
_____	_____
_____	_____
_____	_____
_____	_____

WORK / VOLUNTEER EXPERIENCE

0211

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
Easter Seals Central California	9010 Soquel Dr. Aptos, 95003	Family and Supported Living Services Coordinator	(Aug 1, 01 to the 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 the appointment.

CERTIFICATION

I 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

Jan Bennett

Date

11-2-01

NOV 2001