



# County of Santa Cruz

0261

## 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: 2/12/02

January 31, 2002

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

RE: AT-LARGE APPOINTMENT TO THE WORKFORCE  
INVESTMENT BOARD (REPRESENTING THE PUBLIC  
SECTOR FOR THE OLDER ADULT WORKER)

Dear Members of the Board:

I recommend the appointment of the following person to the Workforce Investment Board, as an at-large representative of the public sector for the older adult worker, in accordance with County Code Chapter 2.110, Section 20, for a term to expire June 30, 2002:

Jan Nelson  
AARP Foundation  
Senior Community Services Foundation  
18 West Beach Street  
Watsonville, CA 95076  
481-2306 (H)  
763-8797 (B)

Sincerely,

  
JANET K. BEAUTZ, Chairperson  
Board of Supervisors

JKB:ted  
Attachment

cc: Jan Nelson  
Workforce Investment Board

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**APPLICATION FOR APPOINTMENT TO THE SANTA CRUZ COUNTY**  
**WORKFORCE INVESTMENT BOARD**  
**FOR**  
**WORKFORCE INVESTMENT ACT**

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**INSTRUCTIONS**

If you are interested in serving on this board, please complete the following application and supplement and return to the Interim Workforce Investment Board, c/o Human Resources Agency/Workforce Investment Board, 1040 Emeline Avenue, Building E, Santa Cruz, California 95060. This application will be forwarded on your behalf to the Board of Supervisors for their consideration and final approval.

Thank you for your interest in County Government.

**Name**

JAN Nelson

**Address**

18 WEST BEACH STREET  
WATSONVILLE, Ca. 95076

**Phone**

(Home)

(805) 481-2306

(Business)

(831) 763-8797

**FAX**

(831) 763-8796

**Email Address**

SCC.SANTA CRUZ@AOL.COM

**Job Title**

PROJECT DIRECTOR

**Organization Represented**

AARP / Foundation - SCSEP

**Supervisory District**

33rd and 15th

**Length of Residence in Area**

4 years

**PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)**

**Advisory Body**

**Term**

WORKFORCE I.B. Comm. Htee 1998  
SAN LUIS OBISPO CO. / SANTA BARBARA COUNTY  
STEERING COMMITTEE

**EDUCATION**

**Institution**

**Major**

**Degree**

**Year**

SAN FRANCISCO STATE U. Social Welfare B.A. 1977  
UNIVERSITY OF SANTA CLARA  M.A. 1979  
Counseling Psychology

## 0263

Date: 1.8.02

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1. ☐ Business (Private Sector/Non-Governmental)
2. ☐ Employment Development Department
3. ☐ Economic Development Agency
4. ☐ Community Services Block Grant
5. ☒ Title V of the Older Americans Grant
6. ☐ Migrant and Seasonal Farmworker Programs
7. ☐ Representatives from Local Jurisdictions
8. ☐ Vocational Rehabilitation
9. ☐ Organized Labor
10. ☐ Community Based Organization
11. ☐ Economic Development Agency
12. ☐ Public Assistance Agency (Welfare to Work, CalWORKs)
13. ☐ Education
  - Adult Education } Circle One
  - Post-Secondary Education }
  - Local School Board }

14. What is the name of your business?

(a) Are you the Chief Executive or Owner Yes \_\_\_ No \_\_\_

(b) Are you the Chief Operating Officer Yes \_\_\_ No \_\_\_

(c) Do you have substantial management or policy responsibility Yes \_\_\_ No \_\_\_

(d) Number of employees at the Santa Cruz County facility \_\_\_\_\_

(e) Is the business minority owned or operated Yes \_\_\_\_\_ No \_\_\_\_\_

[ 1	Aptos	[ ]	Capitola
[ 1	San Lorenzo Valley	[ ]	Santa Cruz
[ ]	Scotts Valley	[ ]	Soquel
[ ]	Pajaro Valley		

15) What is the name of organization which nominated you? This organization may also be your employer.

AARP

Organization Name

### WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>

### STATEMENT OF QUALIFICATIONS

Please attach:

- your business card; and
- 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 information on this application and supplement 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

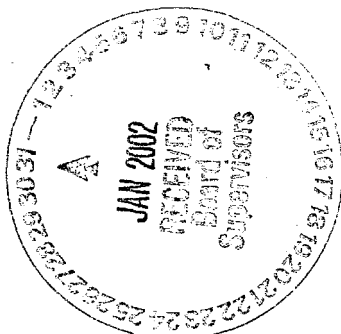
For Private Sector Representatives Only:

Single Slate Nominee of local Santa Cruz County  
General business organization

Nominating Organization

Authorizing Signature

Date



## WORK/VOLUNTEER EXPERIENCE

<b>Organization</b>	<b>Address</b>	<b>Position</b>	<b>Year</b>
Ulery & Associates	Menlo Park, CA	Vocational Rehabilitation Counselor	1975
San Mateo county Community College	San Mateo, CA	Assessment Specialist for new students	1978-1982
Apple Computer, Inc.	Cupertino, CA	Training Manager	1982-1991
Employment Development Department	San Luis Obispo, CA	Employment Program Representative/Trainer for CalJOBS	1991-1998
AARP Foundation/ Senior Community Services Program (SCSEP)	Santa Barbara, San Luis Obispo and Santa Cruz Counties	Project Director	1998-Present (2002)

### STATEMENT OF QUALIFICATIONS

Social welfare, social service, and counseling psychology have been the themes **and** majors of my life in higher education and my careers. However, seven years at Apple Computer gave me tremendous perspective on the stresses and strains of the business world.

I've been fortunate with my positions at Apple Computer, EDD and *AARP* to have traveled to many sites across the United States and California. I believe I have both local and interstate perspective.

At EDD I trained Caljobs to all the partners in the One-Stops in the Central California Region, including Los Angeles. At AARP I have visited many

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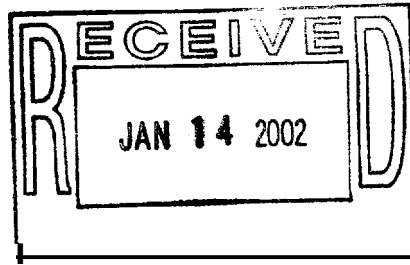
project sites **and** one-stops in Florida, Idaho, Washington DC, North Carolina and Philadelphia.

Being **a part** of the Workforce Investment Board in **Santa** Cruz County is important to me. My role **as** Project Director helping older workers is enhanced by **the** services of the One-Stop. I would very much like to make sure the concerns **of** the mature worker are always considered in the One-**Stop** process.

Thank you for this opportunity,

Jan L. Nelson

A handwritten signature in black ink, appearing to read 'Jan L. Nelson', written over a horizontal line.



*John*

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January 9, 2002

Kathy Zwart  
Workforce Investment Board Director  
WorkForce Investment Board  
1040 Emeline Avenue  
Santa Cruz, CA 95060

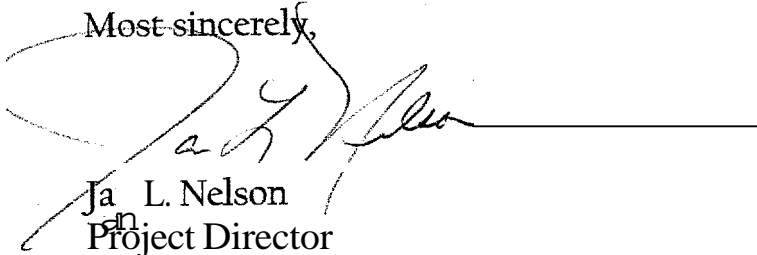
Dear Kathy,

*Thank* you for the WIB application.

I have enjoyed participating in past meetings and look forward to continued involvement. The cooperation and professional manner in which my folks have been treated in **all** three one-stops is exceptional.

Please feel free to critique my application. If I have not completed it with enough detail or you need other types of information, I will be happy to comply.

Most sincerely,

  
Jan L. Nelson  
Project Director