



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: 6/4/02

May 16, 2002

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, 2005:

Gail Stevens
2 Eugenia Avenue
Aptos, CA 95003
688-4061 (H)

Very truly yours,

ELLEN PIRIE, Supervisor
Second District

EP:ted

cc: Gail Stevens
Commission on Disabilities

3334C2

P

From: Applicant@co.santa-cruz.ca.us
Sent: Thursday, May 16, 2002 4:32 PM
To: bdscc
Subject: Commission Application

0220

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

If you are interested in serving on a County Advisory body, please complete this application and click on the **SUBMIT YOUR APPLICATION** button. If you are interested in being considered for appointment for more than one advisory body, a separate application must be submitted for each appointment you are seeking.

Upon receipt, your application for appointment must 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 COMMISISON

Name: GAIL STEVENS

Address 2 EUGENIA AVE
APTOS, California 95003

Email Address: STVGAIL@AOL.COM

Phone (Home): 688-4061

Phone (Business):

Supervisory District: 2

Length of Residence in Area 23 YEARS

Age (optional): Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVICE (Please Specify):

<u>Advisory Body</u>	<u>Term</u>
DOMESTIC VIOLENCE COMMISSION	5 YEARS
WOMEN'S COMMISSION	1 YEAR (FILLED IN)

84

ED LICATION:

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
CABRILLO COLLEGE	POLITICS	AA	
UCSC	POLITICS	BA	

0221

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Years</u>
WOMEN'S CRISIS SUPPORT	SOQUEL AVENUE	ADVOCATE	
CA. SR. LEGISLATURE	APTOS, CA	ASSEMBLY	
SANTA CRUZ CO. FAIR BOARD	WATSONVILLE	DIRECTOR	

STATEMENT OF QUALIFICATIONS:

I WANT AN APPOINTMENT BECAUSE I WANT TO KNOW THE PROBLEMS THE DISABLED FACE IN OUR COUNTY, AND WHAT SEMOR DISABLED PROBLEMS OCCUR. AS A DISABLED PERSON WITH ARTHRITIS **AND** REPLACED HIPS, I USE A WHEELCHAIR MANY TIMES BECAUSE OF EXISITING BACK PROBLEMS. I HAVE PROBLEMS IN STORES AND WANT TO HELP SOLVE PROBLEMS FOR US FOP. A BETTER QUALITY FO LIFE IN SANTA CRUZ COUNTY. PERHAPS FINDING PROBLEMS WOULD RESULT IN LEGISLATION. I WANT TO HELP SOLVE PROBLEMS FOR THE DISABLED. BEING DISABLED WHO BETTER COULD QUALITY FOR THIS COMMISSION? I CAM CONCERNED AND WOULD BE RELENTLESS IN PROBLEM SOLVING ISSUES.

CERTIFICATION:

By checking this box and entering the date, 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. Certified MAY 16, 02