



# County of Santa Cruz

0045

## 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  
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ELLEN PIRIE  
SECOND DISTRICT

MARDI WORMHOUDT  
THIRD DISTRICT

TONY CAMPOS  
FOURTH DISTRICT

JEFF ALMQUIST  
FIFTH DISTRICT

AGENDA: 8/20/02

August 8, 2002

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

RE: AT-LARGE APPOINTMENT TO THE MANAGED MEDICAL  
CARE COMMISSION (FOR A REPRESENTATIVE OF A  
NON-GOVERNMENTAL COMMUNITY CLINIC)

Dear Members of the Board:

I recommend the appointment of the following person to the  
Managed Medical Care Commission, as an at-large representative of  
a non-governmental community clinic, in accordance with County  
Code Chapter 7.59, Section 30, for a term to expire April 1,  
2003:

Dorian Seamster  
204 Burnham Court  
Aptos, CA 95003  
685-1951 (H)  
427-3500 (B)

Very truly yours,

ELLEN PIRIE, Supervisor  
Second District

EP:ted

cc: Dorian Seamster  
Managed Medical Care Commission

1018A2

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**From:** Applicant@co.santa-cruz.ca.us  
**Sent:** Friday, June 28, 2002 4:42 PM  
**To:** bdsec  
**Subject:** Commission Application

0046

## **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 **STJBMIT 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.

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**Commission, Committee, or Board:** Santa Cmz - Monterey County Managed Medical Care Commission  
**Name:** Dorian Seamster  
**Address:** 204 Burnham Ct.  
Aptos, California 95003  
**Email Address:** dorianseamster@hotmail.com  
**Phone (Home):** 831 685-1951  
**Phone (Business):** 831 427-3500  
**Supervisory District:** 2  
**Length of Residence in Area:** 10 years  
**Age (optional):** Over 40

### **PREVIOUS COMMISSION OR COMMITTEE SERVICE (Please Specify):**

**Advisory Body Term**

**EDUCATION:**

**18**

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>	
Mills College, Oakland California	Administration and Legal Processes	BA	1978	0047

**WORK/VOLUNTEER EXPERIENCE**

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Years</u>
SC Women's Health Center	250 Locust St. Santa Cruz	Executive Director	3
Planned Parenthood Mar Monte	Pacific Ave. Santa Cruz	Clinic Manager	5

**STATEMENT OF QUALIFICATIONS:**

I am interested in serving on the Santa Cruz/Monterey Medi-Cal Managed Care Commission as a direct result of my work as the Executive Director of the Santa Cruz Women’s Health Center. I have worked for the past nine years in our community for safety net health care providers. I am committed to providing high quality health care for all members of our community, especially those who are uninsured or encounter barriers to receiving health care. As a 16 year resident of the county I want to be involved in improving the quality of life for all our residents and feel that working on this commission is a contribution that will enable me to meet that objective.

**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 06/28/02