

Ramon Gomez

From: bdscc
Sent: Monday, March 15, 2021 8:19 AM
To: Greg Caput
Cc: Ramon Gomez; Tony Gregorio; Melanie Martinez
Subject: FW: Application for Appointment to a County Advisory Body

Please see the application below.

From: BDSCommissionsForm@co.santa-cruz.ca.us <BDSCommissionsForm@co.santa-cruz.ca.us>
Sent: Sunday, March 14, 2021 2:25 PM
To: bdscc <bdscc@santacruzcounty.us>
Subject: Application for Appointment to a County Advisory Body

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

INSTRUCTIONS:

If you are 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. 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. Please note: This application is a public document and will be disclosed upon request. In addition, copies of applications of those selected for appointment will be included in the Board's printed agenda packet.

Upon receipt, your application 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. Please note that some Commissions, Committees and Boards have specific categories of representation. **For information on current vacancies and categories of representation, please visit the County's website at www.co.santa-cruz.ca.us** or call the Clerk of the Board's office at 454-2323.

Thank you for your interest in County Government.

Commission, Committee, or Board:

Latino Affairs Commission

If applicable, please indicate the category of representation for which you are seeking appointment (see above).

Name:

Sylvia Mendez

Street:

City:

Watsonville

State: **CA**

Zip Code: **95076**

Email Address:

Phone(Home):

Phone(Business):

Supervisory District:

Length of Residence in Area: **60 years**

Age (optional): **Over 40**

Previous Commission or Committee Service (Please Specify):

Advisory Body:	Term:
Personnel Commission for City of Watsonville	4 years
Library Board for City of Watsonville	5 years

Education:

Institution:	Major:	Degree:	Year:
UCSC	Literature	BA	1979
San Jose State University	Educational Leadership	MA	2000

Work/Volunteer Experience:

Organization:	Address:	Position:	Years:
Watsonville Hospital	120 Westridge Drive	volunteer	2 years
Santa Cruz Volunteer	32 17th Avenue	tutor	2 years