

# 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

JOHN LEOPOLD  
FIRST DISTRICT

ELLEN PIRIE  
SECOND DISTRICT

NEAL COONERTY  
THIRD DISTRICT

TONY CAMPOS  
FOURTH DISTRICT

MARK W. STONE  
FIFTH DISTRICT

AGENDA: 5/18/10

May 11, 2010

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

RE: APPOINTMENT TO FIRE DEPARTMENT ADVISORY COMMISSION

Dear Members of the Board:

I recommend the appointment of Bob Stokes to the Fire Department Advisory Commission, in accordance with County Code Section 2.120.020, for a term to expire April 1, 2011.

Sincerely yours,

  
TONY CAMPOS, Supervisor  
Fourth District

TC:pmp

cc: Bob Stokes  
✓ Fire Department Advisory Commission

5047C4

**APPOINTED**

5-18-10

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.

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](http://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: Fire Department Advisory Commission  
for Santa Cruz County

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

District 14

Name:

Bob STOKES

Address:

Mailing P.O. Box 2605 WAT 95077  
ADDRESS 42 College Road WAT 95076

Phone: (Home)

EV. 831 761 8409

(Business)

DAY. 831 728 0401

Supervisory District:

\_\_\_\_\_

Length of Residence in Area:

14th District 20 years

Age (Optional):  Under 21  21-30  31-40  Over 40

(Please complete information on reverse side of application)

**PREVIOUS COMMISSION OR COMMITTEE SERVICE (Please specify):**

<u>Advisory Body</u>	<u>Term</u>
Fire Commission	4 yr <del>8 years</del>
ZONE 7 FLOOD BOARD	4 yr
ENERGY Commission	4 yr
Environmental Commission	4 yr
Pajaro Valley Fire Board of Director	

**EDUCATION:**

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>

**WORK/VOLUNTEER EXPERIENCE:**

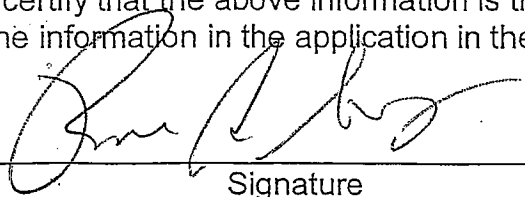
<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>

**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 appointment.

**CERTIFICATION**

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.

  
 \_\_\_\_\_  
 Signature

May 20th 10  
 \_\_\_\_\_  
 Date