



# 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

ZACH FRIEND  
SECOND DISTRICT

NEAL COONERTY  
THIRD DISTRICT

GREG CAPUT  
FOURTH DISTRICT

BRUCE MCPHERSON  
FIFTH DISTRICT

AGENDA: 9/30/14

September 24, 2014

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

RE: APPOINTMENT TO FIRE DEPARTMENT ADVISORY BOARD

Dear Members of the Board:

I recommend the appointment of John Walker to the Fire Department Advisory Commission, in accordance with County Code Section 2.120.020, for a term to expire April 1, 2015.

Sincerely yours,

GREG CAPUT, Supervisor  
Fourth District

GC:pmp

cc: John Walker  
✓ Fire Department Advisory Commission

1956C4

**APPOINTED**  
9-30-14

**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.santacruzcounty.us](http://www.santacruzcounty.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 Dept Advisory Comm.

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

Name:

JOHN WALKER

Address:

928 LINCOLN ST.

WATSONVILLE, CA 95076

Email Address:

Phone: (Home)

831 724 4896

(Business)

**Supervisory District:**

DIST 4

Length of Residence in Area:

20 YRS

Age (Optional):

74 yrs  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>
<u>VOLUNTEER FIRE TRS.</u>	

**EDUCATION:**

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
<u>W.H.S</u>	<u>GED</u>		<u>1958</u>
<u>US NAVY</u>	<u>57-67</u>	<u>PETTY OFFICER</u>	<u>SECOND CLASS</u>

**WORK/VOLUNTEER EXPERIENCE:**

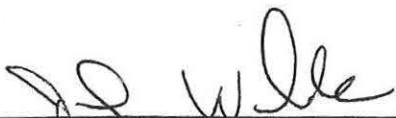
<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
<u>V.F.W</u>	<u>1960 FREEDOM BLVD</u>	<u>QM</u>	<u>20 YRS</u>
<u>WATSONVILLE</u>	<u>VOLUNTEER</u>	<u>35 YEARS</u>	

**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

9-23-14  
Date