Leon L. Williams San Diego County Human Relations Commission Recommendations Received

Updated 10/05/2020

	Supervisor	Number of		
Applicant Names (21)	District	Times Listed		
Elena Perez	1	6		
Griselda Ramirez	2	5		
Maya Alfonso	4	5		
Pedro Anaya	1	5		
Benjamin Mendoza	4	4		
George Khoury	3	4		
Max Disposti	5	3		
Zoe McNeil	4	3		
Andrew Feaster	2	2		
AJ Wilson	5	2		
Blanca Melendrez	1	2		
Julia Legaspi	4	2		
Tezeru Teshome	4	2		
Devorah Marcus	2	1		
Dwight Ritter	1	1		
Fernando Lopez	4	1		
Joan Domingo	2	1		
Madelyn Wozniak	4	1		
Patricia Kay Coleman	3	1		
Rachel Zahn	3	1		
Richard Barton	3	1		
Bettie Wells	2	1		

TO TO

COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

2020 SEP 18 PM 3: 34
CLERK OF THE BOARD
OF SUPERVISIONS

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be maintained for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Wells	Bettie	Bettie		
Last Name	First Name	First Name		
Leon L Williams Human Relations Con	nission	2		
Name of Board, Committee, or Commission to Whic	ch You are Applying for Membership	Supervisorial District You Live In		
County boards, commissions, and comm	ittees meet at times mutually sati	sfactory to the members.		
Day meetings are more common than ev	ening meetings. Will you be able	to schedule your time		
accordingly?	lo			
Please list any time restrictions				
¥71 A	4:- C49			
What are your principal areas of interes	•			
have an intrest in being involved in the county's mis	ssion to help utilize it's resources to serve	and protect it's residents.		
the rights of the people.				
	1			
List all County Boards, Commissions or	Committees of which you are a c	urrent member.		
Committee Name		Date Appointed		
Grossmont Healthcare District Board M	Member	04/01/2017		
list nast County annointments with date	es served, and other past or prese	nt community or nublic		
List past County appointments with date	es served, and other past or prese	nt community or public		
service appointments.	es served, and other past or prese			
service appointments. Committee/Organization Name	es served, and other past or prese	nt community or public Dates Served		
service appointments.	es served, and other past or prese			
service appointments. Committee/Organization Name	es served, and other past or prese			

STATEMENT OF OCCUPATIONAL EXPERIENCE

Self-employed		
Current Employer		
Community Relations for Broadw	ell Behaviorial Health	5 years.
Job Title		Length of Employment
Previous Employers	Position Title	Length of Employment
Family Focus Christian Christian Counseling	Psych Assistant	3 years
San Diego Rescue Mission	The/rapist	3 Years
Veteran's Village of San Diego	Therapist	1 year
		× 10
·		
What experience or special knowle	edge can you bring to your are	a(s) of interest?
I have been a therapist/psychologis		
with all ages and populations, in dif	<u> </u>	
		experience on the Sharp Grossmont
hospital board which has provided r		
be useful.	The with directors but complimes	reary experiences that enough
be userui.		
Diagonia di canana di cana	a 45 which was belowed	
Please list community organization Sunshine Club (Board Member)	ns to which you belong:	
Community Prayer Ministries	and no sale of	
Volunteer for various community	out reacnes	
	_	Board, Assessment Appeals Board, Counterent and Appeals Board and/or Planning
Commission, are required to sul	bmit evidence of their qualifi-	cations and a Statement of Incompatibnd on the Clerk of the Board's website a
		es may be asked to provide addition
	County Boards, Commissions	and Committees may be accessed through
		b/bcac/ or by calling (619) 531-5600. Th
Application will be considered cor	mplete when such requirements	are provided by the applicant.
Ry signing helow I declare that the	information provided above is a	ccurate and complete to the best of my
knowledge.	mnormation provided above is a	courate and complete to the best of thy
Bettie L. Wells		
		September 6, 2020

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Wells	Wells		
Last Name	First Name		
San Diego County Leon L. Williams Human Relations Commission		2	
Name of Board, Committee, or Commission to Which You are Applying for Membership		Supervisorial District You Live In	
Home Street Address	City	State	Zip
Mailing Address (if different than home address)	City	State	Zip
Business Street Address	City	State	Zip
Home Phone #	Business Phone #		_
Mobile Phone #	Fax #		
E-Mail Address			