MARIPOSA COUNTY RESOLUTION NO. 91-392

RESOLUTION RECOGNIZING MAUREEN SPACKE
FOR HER YEARS OF SERVICE TO MARIPOSA COUNTY

BE IT HEREBY RESOLVED, by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that the Board of Supervisors hereby approved the following document:

WHEREAS, Maureen Spacke performed various services which resulted in a smoother operation of the Emergency Medical System in Mariposa County from January 11, 1989, through June 30, 1991; and

WHEREAS, Maureen provided significant support to the Vial-of-Life Program sponsored by Mariposa County Senior citizens; and

WHEREAS, Maureen was instrumental in establishing a smooth working relationship among volunteer First Responders, EMT-I's, Paramedics, Mobile Intensive Care Nurses, and physicians at the John C. Fremont Hospital; and

WHEREAS, Maureen was actively involved in disaster preparedness as it relates to Emergency Medical Services by arranging and participating in several disaster exercises; and

WHEREAS, Maureen assisted the County on a volunteer basis during the actual disaster of the August, 1990 Yosemite fires; and

WHEREAS, Maureen provided services to the County in the performance of pre-employment physical exams when that program was first initiated;

NOW THEREFORE BE IT RESOLVED, that the Mariposa County Board of Supervisors, a Political subdivision of the State of California, that MAUREEN SPACKE is hereby recognized for her contributions to the citizens of Mariposa County.

ARTHUR G. BAGGETT, Jr., Dist. I
SALLY S. PUNTE, Dist. II
ERIC J. ERICKSON, Dist. III

GEORGE P. RADANOVICH, Dist. IV
GERTRUDE R. TABER, Dist. V
DEPARTMENT: Public Health Department  
BY: C. B. Mosher, MD, Health Officer  
PHONE: 966-3689

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No___)

Recommend resolution recognizing Maureen Spacke for her contribution to Mariposa County.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

See attached.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

COSTS:  (x) Not Applicable
A. Budgeted current FY $_____
B. Total anticipated costs $_____
C. Required Add'l funding $_____
D. Source:_____________________

SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $_____
B. Unanticipated revenues $_____
C. Reserve for contingency $_____
D. Description:_________________
Balance in Reserve for Contingencies, if approved: $_____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

CLERK'S USE ONLY:
Res. No.: 91-392
Ord. No.:______
Vote - Ayes: 5  Noes:______  
Absent:______ Abstained:______
Approved ( ) Denied ( ) Minute Order Attached

The foregoing instrument is a correct copy of the original on file in this office.
Date:______________________

ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of CA
By:______________________
Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

Recommended  
Not Recommended  
For Policy Determination  
Submitted with Comment  
Returned for Further Action

Comment:______________________

A.O. Initials:______________________

Action Form Revised 12/89