



**EBONY N. SHELTON**  
CHIEF ADMINISTRATIVE OFFICER

**CHIEF ADMINISTRATIVE OFFICE**  
1600 PACIFIC HIGHWAY, SUITE 209  
SAN DIEGO, CALIFORNIA 92101-2422  
(619) 531-5880

**JOAN BRACCI**  
ASST. CHIEF ADMINISTRATIVE  
OFFICER/ CHIEF FINANCIAL OFFICER

May 27, 2026

TO: Andrew Potter  
Clerk of the Board

FROM: Ebony N. Shelton  
Chief Administrative Officer

**COMMITTEE FOR PERSONS WITH DISABILITIES APPOINTMENTS**

Pursuant to San Diego County Administrative Code, Article IIIw, Section 84.801 Membership and Selection, I nominate the following candidates for service on the Committee for Persons with Disabilities. Please place these appointments on the June 25<sup>th</sup> 2026 Board of Supervisors' Agenda for their consideration and approval.

- Ayesha Majid, to a new two-year term running June 25, 2026 through June 25, 2028 (At-Large Member)

If you have any questions, please contact Todd Hood, Chief Ethics and Compliance Officer, at 619-531-4908.

Thank you for your attention on this matter.

Sincerely,

**EBONY N. SHELTON**  
Chief Administrative Officer



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.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active 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@sdcountry.ca.gov

Form with fields for Last Name (Majid), First Name (Ayesha), Name of Board, Committee, or Commission to Which You are Applying for Membership (Persons With Disabilities, Committee For), and District You Live In (District 4).

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? [X] Yes [ ] No. I am unable between 8 and 10 am daily. Please list any time restrictions.

What are your principal areas of interest in County Government? I am writing to express my interest in serving as a board member for the County Government Persons with Disabilities Committee. As both a parent and a professional, I bring a unique perspective and commitment to supporting individuals with disabilities. As the parent of an African American child with dyslexia who has an Individualized Education Plan (IEP), I have firsthand experience navigating the challenges of the school system. Assisting my son with his education has been both rewarding and demanding, underscoring the need for improved policies and resources to support families like mine. Professionally, I am a Clinical Social Worker and currently serve as the Social Service Manager at San Ysidro Health. In this role, I work to enhance access to services and advocate for systemic improvements that benefit underserved populations. Additionally, I contribute to the development of future social workers as a board member for the Social Work Department at Southwestern College. I am passionate about creating equitable opportunities for all individuals, especially those with disabilities, and I believe my personal experiences and professional expertise position me to make a meaningful impact on this committee.

List all County Boards, Commissions or Committees of which you are a current member. Not a current member [X]. Committee Name, Date Appointed.

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List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member

Committee/Organization Name

Dates Served

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### STATEMENT OF OCCUPATIONAL EXPERIENCE

San Ysidro Health Center

Current Employer

Social Service Manager

5

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
Bridge Home Health & Hospice Care	Medical Social Worker	2
St. Paul's PACE Program	Medical Social Worker	2
Catalyst Program	Pre-Licensed Therapist	1
Family Health Centers of San Diego	Lead Social Worker/Group Facilitator & Health Advocate	5

### What experience or special knowledge can you bring to your area(s) of interest?

I can bring the following experience and special knowledge: As dedicated and experienced MSW with a strong background in interdisciplinary collaboration, program leadership, and client advocacy. Skilled in implementing innovative, holistic solutions to meet diverse client needs while ensuring adherence to high standards of care and compliance with regulations.

\*\*\*Education & Certifications\*\*\* Master of Social Work (MSW), University of Southern California – 2015 Bachelor of Arts in Sociology, San Diego State University – 2006 Associate Clinical Social Worker License, License #108956 (Expires 07/31/2025) Community College Teaching Certificate, CSU Dominguez Hills – 2024 Healthcare IT Certificate, UCSD Extension – 2013 \*\*\*Skills\*\*\* Interdisciplinary team collaboration and leadership Program development and quality assurance Counseling, case management, and advocacy Advanced knowledge of EHR systems (EPIC, NextGen, Cerner) Proficient in SPSS, Microsoft Office Suite, and MedCompass Strong organizational, communication, and training abilities \*\*\*Specialty Areas\*\*\* Expertise in mental health, chronic illness, housing, domestic violence, and substance abuse Proficient in ICD and Z-Codes, resource linkage, and interdisciplinary care coordination Proven ability to lead and motivate teams while ensuring compliance with state and federal regulations

Please list community organizations to which you belong:

\*\*\*Volunteer Experience\*\*\* Group Facilitator, San Diego City College Math Anxiety Workshops – 2021 Independent Living Support, Moving Forward Foundation – 2016–Present Peer Support Counselor, Dr. Aliya Fonseca – 2015–2016 Board Member, Southwestern College Social Work Department

**Please describe your ethnic origin:**

BLACK/AFRICAN AMERICAN: All persons having origins in any of the original Black racial groups of Africa.

**Select the gender you identify as:**

Female

**What is your age?**

45-54 years old

**What is your total income?**

\$100,000 to \$149,999

**NOTE:** Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board’s website at: [www.sandiegocounty.gov/content/sdc/cob/forms.html](http://www.sandiegocounty.gov/content/sdc/cob/forms.html). Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board’s website at [www.sandiegocounty.gov/cob/bcac/](http://www.sandiegocounty.gov/cob/bcac/) or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Ayesha Majid

11/26/2024

*Applicant’s Signature*

*Date*

# CONTACT INFORMATION

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

Majid	Ayesha
<i>Last Name</i>	<i>First Name</i>
Persons With Disabilities, Committee For	<i>District 4</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisorial District You Live In</i>

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]			
<i>Home Phone #</i>	<i>Business Phone #</i>		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			