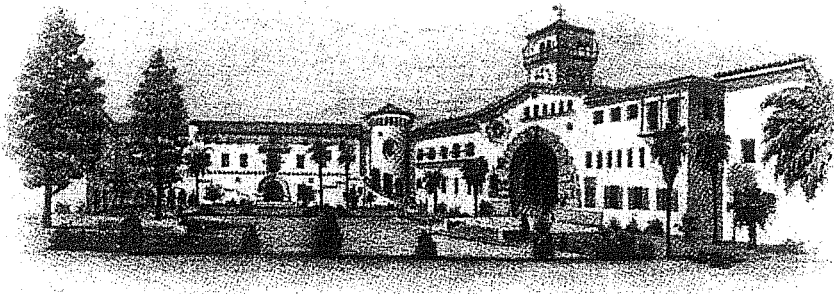


**JONI GRAY**  
Supervisor Fourth District  
jgray@co.santa-barbara.ca.us

**SUSAN WARNSTROM**  
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Reply to  
100 E. Locust, Ste. 101  
Lompoc, CA 93436  
(805) 737-7700  
FAX (805) 737-7703  
  
1103 E. Clark Ave., Ste. A  
Orcutt, CA 93455  
(805) 346-8407  
FAX (805) 346-8498

A-79

**County of Santa Barbara**

**Clerk of the Board of Supervisors  
County of Santa Barbara  
105 E. Anapamu St.  
Santa Barbara, CA 93101**

For placement on the agenda for the Board of Supervisor's meeting of:

Date: May 18, 2010

I would like to recommend:

Name: Douglas L. Sorum

Address: 1337 W. Locust

City: Lompoc

State: CA

Zip Code: 93436

Telephone:

(805) 717-1202

Work or Cell:

(805) 742-2444

Email:

Sorum.douglas@lusc.org

For:

Appointment

To the following Board: Advisory Board on Alcohol & Drug Problems

Appointee will represent: 4<sup>th</sup> District

Position was formerly held by: John Richards

If appointee is filling an unexpired vacancy, post a vacancy notice

Signed by:

SUPERVISOR JONI GRAY

CATHY MARTINEZ FOR JONI GRAY

<b>APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE</b> Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101	DATE RECEIVED  <input type="checkbox"/> Copy to Supervisor
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**INSTRUCTIONS:** Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisors' Office. This application shall be maintained for a period of one year only. After one year it is necessary to file a new application for another year of eligibility. Please print in ink or type.

1. APPLYING FOR: ( Use specific title) <i>Advisory Board on Alcohol &amp; Drug Problems</i>	2. Today's Date: <i>4/29/10</i>
3. NAME: <i>SORUM Douglas Lee</i> <small>Last First Middle</small>	4. E-MAIL ADDRESS: <i>SORUM.DOUGLAS@LUSD.ORG</i>
6. ADDRESS: <i>1337 W. LOCUST</i> <small>Number Street</small> <i>Lompoc CA 93436</i> <small>City Zip Code</small>	5. TELEPHONE: Home: <i>805-717-1202</i> Business: <i>805-742-2444</i>

7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
A. <i>KEVIN SMITH</i>	<i>1038 Honda Wy, Lompoc</i>	<i>805 588-1985</i>	<i>DIRECTOR COVA SEC</i>
B. <i>PAT BOYER</i>	<i>412 S. Hawthorne</i>	<i>805 588 7932</i>	<i>EDUCATOR</i>
C. <i>WANET Lizaraga</i>	<i>1320 ASTER LN</i>	<i>805 448 6832</i>	<i>EDUCATOR</i>

8. Are you or have you been employed by the County of Santa Barbara?  YES  No If YES, list:  
 Department: *N/A* Title: \_\_\_\_\_ Date: \_\_\_\_\_

9. Please check appropriate boxes (optional): Ethnic or racial identity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (Please specify)	10. Education completed: <i>High School Diploma</i> 11. Indicate Supervisor who will receive a copy of this application: <i>Doni Grez</i>
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12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for which you are applying.  
*BORN & RAISED LOCALLY. HAVE A PERSONAL INTEREST & COMMITMENT TO ALLEVIATING PROBLEMS RELATED TO DRUG & ALCOHOL ABUSE. HAVE BEEN IN RECOVERY SINCE 5/03.*

13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee. Attach additional sheets as necessary.

*I HAVE RECEIVED TREATMENT & REHAB FOR MY OWN ALCOHOL/DRUG PROBLEMS IN 2003. I AM A MEMBER OF ONE OF THE LOCAL 12 STEP FELLOWSHIPS. I DO VOLUNTEER SERVICE WORK FOR THAT FELLOWSHIP. THIS WORK FREQUENTLY TAKES ME IN TO SOME OF LOMPOC'S TREATMENT PROVIDERS FACILITIES. I SEE WHAT IS AND IS NOT WORKING.*

14. SIGNATURE OF APPLICANT  
*x Douglas Sorum*