

Peter Adam
Fourth District Supervisor



Fourth District Office
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COUNTY OF SANTA BARBARA

Date: March 7, 2014

Clerk of the Board of Supervisors
County of Santa Barbara
105 East Anapamu Street
Santa Barbara, CA 93101

RE: Committee, Commission or Board District Appointment

For placement on the Board of Supervisors agenda for the meeting of:
March 18, 2014

I would like to recommend the the appointment/ reappointment of the following person to the:
Mental Health Commission

Salutation: Mr Mrs Ms.
Full Name of Appointee: Thomas Urbanske
Address:
City/State/Zip:
Home Phone:
Work Phone:
E-mail:

Appointee will represent the Fourth District on this commission.

Position was formerly held by: Ann Eldredge

Check box only if this appointment is filling an unexpired vacancy.

Fourth District Supervisor: Peter Adam

Signed by

COB Information Verification

- Letter of Resignation on file
- Vacancy Notice on file

Term:

- _____ years
- Beginning date _____
- Ending date _____

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu St., 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) 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): Mental Health Commissioner - 4 th District <u>MENTAL HEALTH COMMISSIONER 4TH DISTRICT</u>	2. Today's Date: <u>MARCH 6, 2014</u>
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3. NAME <u>URBANSKE, THOMAS BLOSSER</u> Last First Middle	4. E-MAIL ADDRESS:
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5. ADDRESS Number Street City Zip Code	6. TELEPHONE: Home: _____ Business: <u>RETIRED</u>
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7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION
A. <u>JOE GALLAS</u>			<u>LAWYER</u>
B. <u>JOE IVORA</u>			<u>RETIRED ENGINEER FOR CAL TRANS</u>
C. <u>MARGET COOPER</u>			<u>RETIRED TEACHER</u>

8. Are you or have you been employed by the County of Santa Barbara? YES NO If YES, list:
 Department FIFTH DISTRICT SUPERVISOR Title DISTRICT SUPERVISOR Date 1995-2003

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) Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10. Education completed: <u>MA</u> 11. Indicate supervisor who will receive a copy of this application: Peter Adam - 4 th District
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12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Board, Commission, or Committee for which you are applying. I AM INTERESTED IN HELPING OUR MENTALLY ILL MEMBERS OF OUR COMMUNITY TO REACH THEIR POTENTIAL TO HELP THEMSELVES AND THE REST OF THE MEMBERS OF OUR COMMUNITY.

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 SERVED ON THE SANTA BARBARA COUNTY MENTAL HEALTH COMMISSION BOARD FOR EIGHT YEARS AND FOUND MANY GOOD FRIENDS.
SUBSEQUENTLY I SPENT SEVERAL YEARS ON THE BOARDS OF SANTA MARIA YOUTH and FAMILY, GOOD SAMARITAN, THE TRANSITIONS MENTAL HEALTH ASSOCIATION AND ONE YEAR ON THE GRAND JURY AND THREE YEARS AS A CASA.

SIGNATURE OF APPLICANT
X