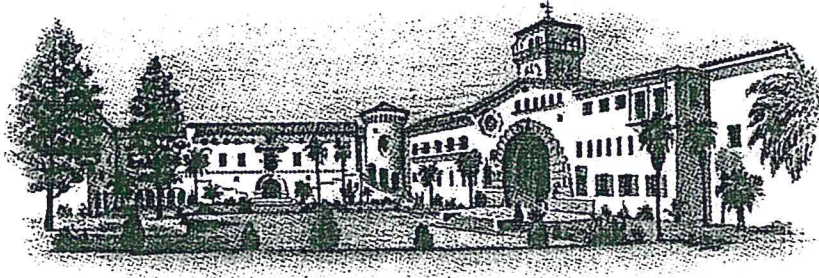


**STEVE LAVAGNINO**  
County Supervisor, Fifth District  
steve.lavagnino@countyofsb.org



**SANDY AGALOS**  
Administrative Assistant  
sandy.agalos@countyofsb.org

**YVONNE BIELY**  
Administrative Assistant  
yvonne.biely@countyofsb.org

**CORY BANTILAN**  
Chief of Staff  
cory.bantilan@countyofsb.org

**COUNTY OF SANTA BARBARA**

October 10, 2016

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

Re: Commission Appointment

For placement on the agenda for the meeting of: October 18, 2016

I would like to appoint the following individual for appointment to the Commission for Women:

Heidi Marguerite Summers

Appointee will represent the Fifth District on this committee.  
Position was formerly held by:  
Term expires: December 31, 2019

Fifth District Supervisor Steve Lavagnino

APPLICATION FOR  
COUNTY OF SANTA BARBARA  
BOARD, COMMISSION OR COMMITTEE

Return to: Clerk of the Board of Supervisors  
105 E. Anapamu Street, Room 407  
Santa Barbara, CA 93101

DATE RECEIVED

Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee) SBC Women's Commission

2. TODAY'S DATE: 10/5/2016

3. NAME: Summers Heidi Marguerite  
Last First Middle

4. E-MAIL ADDRESS:

6. ADDRESS:  
Number Street  
City Zip Code

5. TELEPHONE:  
Home: \_\_\_\_\_  
Business: \_\_\_\_\_

7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
<u>Sandy Underwood</u>			<u>Coordinator of Community Benefit</u>
<u>Teresa Rayburn</u>			<u>Rec. Svs. Manager</u>
<u>Erin Stevens</u>			

8. Are you, or have you ever been, employed by the County of Santa Barbara?  No  Yes - If yes, list below  
Department: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):  
Ethnic or Racial Identity:  
 White  
 African American  
 Hispanic  
 Asian/Pacific Islander  
 Native American/Alaskan Native  
 Other (please specify):  
Sex:  
 Male  
 Female

10. EDUCATION COMPLETED:  
Master's of Science (Cardiovascular Nsg)  
BSN

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:  
Steve Lavagnino

12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.  
I was asked to serve and after receiving what the commission's purpose is, I felt it would be a "fit" for me. I am a retired USAF officer, then started another career at Marian Regional Medical Center. I have always volunteered in some fashion to help my community.

13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.  
- USAF Retired  
- Nurse  
- Community Health Needs Assessment  
- Helped Veterans  
- Homelessness (meals + outreach)  
- Teach & Coach youth & adults  
- Teach Health - topics to adults  
- Currently "Mission" leader at MRMC

14. SIGNATURE OF APPLICANT: Heidi Summers