# **DOREEN FARR**Third District Supervisor



### OFFICE OF THE THIRD DISTRICT SUPERVISOR

County Administration Building 105 East Anapamu Street Santa Barbara, California 93101 Telephone: (805) 568-2192 Fax: (805) 568-2883 www.countyofsb.org

#### COUNTY OF SANTA BARBARA

Date: 1/11/16

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: 1/19/16

I would like to recommend the appointment of the following person to the Planning Commission

Salutation:	Mrs.
Full Name of Appointee:	Mary Ellen Brooks
Address:	· · · · · · · · · · · · · · · · · · ·
City/State/Zip:	**************************************
Home Phone:	
Work Phone:	
E-mail:	

Appointee will represent the Third District on this commission. Position was formerly held by: Joan Hartmann

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

Third District Supervisor: Doreen Farr

Signed by:

Lette

Vaca

Term:

Begin

Endin

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 Street, Room 407
Santa Barbara, CA 93101

DATE RECEIVED

Copy to Supervisor

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 elicibility. Please print in link or tyme.

year of eligibility. Please print in ink or type.	, , , , , , , , , , , , , , , , , , , ,	
1. APPLYING FOR: LUSe specific title) 3D Planning Comm	2. Today's Date:	
3. NAME: Brooks Mary Ellen	4. E-MAIL ADDRESS:	
6. ADDRESS:	5. TELEPHONE:	
Stroot	Home	
7, References: Give names and addresses of three persons, not relative	Zip Code	
7, References: Give names and addresses of three persons, not relativity involvement, and abilities.  NAME ADDRESS	TELEPHONE NUMBER OCCUPATION	
A		
B	- Duringen	
8. Are you or have you been employed by the County of Santa Barbara2 DC YES D No If YES, list:		
Department: Blanning	Title: Community 2019-	
9. Please check appropriate boxes (optional):  Ethnic or racial identity:  Sex:  Male  Black (African American)  Hispanic  Asian/Pacific Islander  Native American/Alaskan Native	10. Education completed:  MA + M5  11. Indicate Supervisor who will receive a copy of this application:  Doveen Frank	
2 Other (Please specify)  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.  Planning Commussion of Commission of Commissi		
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.    Served as 3		
	En Brachs	
CLB-1 (REV.3/05)		