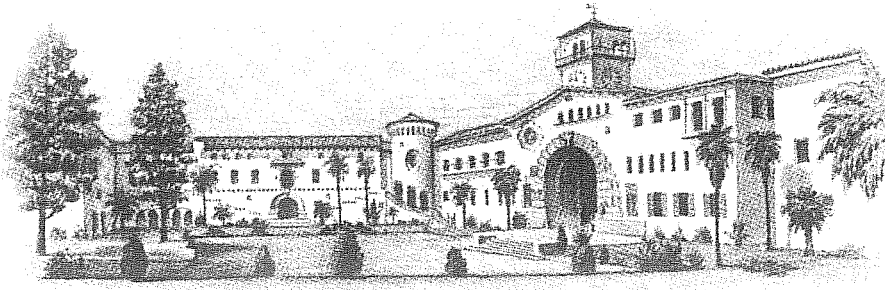


SALUD CARBAJAL
First District Supervisor

JEREMY TITTLE
Executive Staff Assistant

MARY ELLEN WYLIE
Administrative Assistant

ERIC FRIEDMAN
Administrative Assistant



BOARD OF SUPERVISORS
105 East Anapamu Street
Santa Barbara, California 93101

TELEPHONE: (805) 568-2186
FAX: (805) 568-2534

E-mail:
supervisorcarbajal@sbcbos1.org

COUNTY OF SANTA BARBARA

Date: February 1, 2012

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

For placement on the agenda for the meeting of: February 14, 2012

RE: Mental Health Commission (Alternate Position)

I would like to recommend the following for the appointment to subject
Committee, Commission or Board:

Full Name of Appointee: Carolyn Wood

Address: 5291 Cambridge Lane

E-Mail: woodcarolyn77@gmail.com

City: Carpinteria State: CA Zip: 93013 Salutation (Mr., Ms., etc.) Ms.

Home Telephone: (805) 684-2297 Work Telephone: (805) 886-3838

Appointee will represent First District (Alternate) on this committee.
(Identify position, organization, etc.)

Position was formerly held by: Lou Weider

Supervisor Salud Carbajal

Signed By: Eric Friedman (per SC)

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 eligibility. Please print in ink or type.

1. APPLYING FOR: (Use specific title)
SB County Mental Health Commission

2. Today's Date:
11/30/2011

3. NAME:
Wood Carolyn M.
Last First Middle

4. E-MAIL ADDRESS:
Woodcarolyn77@gmail.com
Carolynwood@cox.net

6. ADDRESS:
5291 Cambridge Lane
Number Street
Carpinteria Ca. 93013
City Zip Code

5. TELEPHONE:
Home: 805-684-2297
Business: 805-886-3838

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. Susan Ledig	6701 Rincon Hill Rd.	805-886-6721	Personal Chef
B. Anira Katsenis	3908 Foothill Rd.	805-895-7077	Administrator for Equity off
C. Cindy Suzuki	5700 Via Real, Carp	805-684-4660	Owner of small Business

8. Are you or have you been employed by the County of Santa Barbara? YES NO If YES, list:
Department: _____ Title: _____ Date: _____

9. Please check appropriate boxes (optional):

Ethnic or racial identity:
 White
 Black (African American)
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (Please specify) _____

Sex:
 Male
 Female

10. Education completed: _____

11. Indicate Supervisor who will receive a copy of this application: _____

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.
 My Older son was in the Gifted & Talented program in the Public schools, he is now 35 years old and is diagnosed with Schizoaffective Disorder. I am a member of NAMI & SB MENTAL HEALTH

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 been a volunteer for SB Mental Health Association and also helped and donated funds for the building on Garden St. I have a interest in helping the Mentally Ill citizens in our communkty to receive better Treatment.

14. SIGNATURE OF APPLICANT

