

JANET WOLF

County Supervisor, Second District

MARY E. O'GORMAN

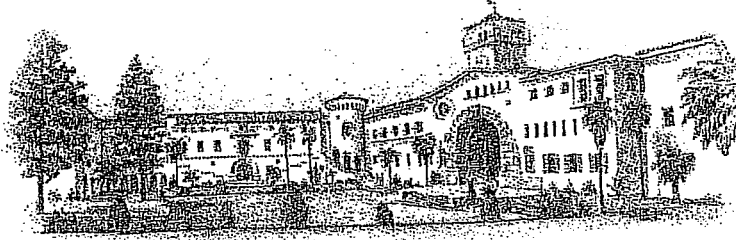
Chief of Staff

JANE S. FERRY

Office Manager

HILARY R. CAMPBELL

Board Administrative Assistant



BOARD OF SUPERVISORS

105 East Anapamu Street, 4th Floor
Santa Barbara, California 93101

TELEPHONE: (805) 568-2191

FAX: (805) 568-2283

E-mail: jwolf@sbcbos2.org

www.countyofsb.org/bos/wolf

SANTA BARBARA COUNTY

10/15/12

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:
11/6/12

I would like to recommend the **appointment** of the following person to the
Human Services Commission

Salutation:

Ms.

Full Name of Appointee:

Lauren Saltman

Address:

City/State/Zip:

Cell Phone:

Work Phone:

E-mail:

Appointee will represent the **2nd District** on this commission.

Position was formerly held by: **Richard Jenkins**

Term expires: **11/6/2015**

Second District Supervisor: **Janet Wolf**

Signed by:

Please send a copy of the minute order to:
Susan Foley, Community Services Department
Lauren Saltman, see address above
Hilary Campbell, 2nd District Office

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:

1 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) Human Services Commission 2. Today's Date: 10-11-12

3. NAME: Saltman Lauren 4. E-MAIL ADDRESS:

5. ADDRESS: 5. TELEPHONE: Home: Office: Cell: Fax: 6. TELEPHONE: Home: Office: Cell: Fax: 7. TELEPHONE: Home: Office: Cell: Fax:

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. <u>Anita Sy</u>			<u>Chemist</u>
B. <u>Robert Hill</u>	<u>41305</u>		<u>CPT</u>
C. <u>Steven Cohen</u>			<u>Rabbi of CAB</u>

8. Are you or have you been employed by the County of Santa Barbara? YES No 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: JD

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.
Experience: I have served on committees, boards and governing bodies as an attorney for the City of LA, as a businesswoman for schools,

13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, including education, volunteer activities, community or organization memberships, or personal interests that help on your application for above Board, Commission, or Committee. Attach additional sheets as necessary.
Charities and other organizations. I have gleaned a fact check + research skills, administrative law knowledge and governance protocol.
Interest: My love for Santa Barbara and desire to serve my community motivates to work on this Commission.

14. SIGNATURE OF APPLICANT