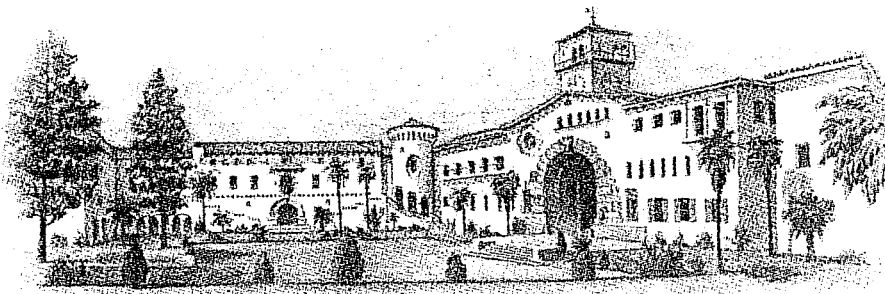


**SALUD CARBAJAL**  
First District Supervisor

**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: June 16, 2011

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:  
07/05/2011

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

Salutation:  Mr  Mrs.  Ms.  
Full Name of Appointee: Jan Winter  
Address: 1220 Coast Village Road #106  
City/State/Zip: Santa Barbara, CA 93108  
Home Phone: 805-969-2850  
Work Phone:  
E-mail: wintercal@cox.net

Appointee will represent the First District on this commission.  
Position formerly held by: Lou Weider; Note: Jan was Alternate to Commission

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

First District Supervisor: Salud Carbajal

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 Street, Room 407  
Santa Barbara, CA 93101

DATE RECEIVED

2010 JUN 28 PM 1:45

COPY TO SUPERVISOR  
COUNTY OF SANTA BARBARA  
CLERK OF THE  
BOARD OF SUPERVISORS

**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) Mental Health Commission 2. Today's Date: June 22, 2010

3. NAME: Winter Jan 4. E-MAIL ADDRESS: winkreal@cox.net  
Last First Middle

6. ADDRESS: 1220 Coast Village Rd. #106 5. TELEPHONE: Home: 805 969-2902  
Number Street Business: retired  
Santa Barbara CA 93108 City Zip Code

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. Ann Elvridge M.H. Commissioner	12620 Painted Cave Rd. Santa Barbara 93105	964-2375	mental health commissioner
B. Ann Cameron	617 Garden St. SB 93101	884-8440	Ex. Director Mental Health Assoc.
C. Paul Erickson, MD	College Health Systems Beth St. e Pueblo	682-7111	Medical Director Psychiatric & Substance Abuse Services

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: BA Economics, 1 year post graduate study  
11. Indicate Supervisor who will receive a copy of this application: Salud Carbajal

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.  
I want to renew my appointment to the Mental Health Commission. I have served one term. I am vice-chair of the local NAMI, have served 16 years on the board of the mental health Assoc., have been mental health advocate for 20 years

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 am a voting member of the Consumer/Family Member Advisory Committee, funded by M.H.S.A funds. I sat on the Drug + Alcohol Advisory Board for 9 years. I volunteer extensively with mental health clients, and have testified on MH issues before the Supervisors.

14. SIGNATURE OF APPLICANT  
x Jan Winter