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SANTA BARBARA COUNTY

Date: May 19, 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 agenda for the meeting of: June 7, 2011 I would like to recommend the the appointment/ reappointment of the following person to the: Santa Barbara County Community Health Center Board \bowtie Ms. Salutation: Mr. Mrs. Full Name of Appointee: Sylvia Barnard 4349 Franklin Road Address: City/State/Zip: Santa Maria, CA 93455 Home Phone: (805) 937-9651 Work Phone: Cell Phone: (805) 331-0877 goodsamshelter@gmail.com E-mail: Appointee will represent the Fifth District on this commission. Position was formerly held by: Check box only if this appointment is filling an unexpired vacancy. Fifth District Supervisor: Steve Lavagnino Signed by:



SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT APPLICATION FOR COMMUNITY HEALTH CENTER BOARD MEMBERSHIP

In order to assess qualifications for appointment, it is important to complete this entire application. You are encouraged to attach supplemental information or a resume detailing your involvement in volunteer activities, public affairs, civic services, published writing, affiliations, etc.

A. Name: <u>Sylvia Barr</u>	iard	
Home Add 4349 Frank	1.00 m 18 d agus no se	
City: <u>Santa</u>	Maria State: CA Zip: 93455 Home	Phone <u>(805)937-9651</u>
Cell Phone	: (805)331-0877 Email Address: goo	odsamshelter@gmail.com
Are you a resid	dent of Santa Barbara County? Yes:	X No:
B. Occupation	1	
Executive [Director, Good Samaritan Shelter	ii
C. Indicate an	y experience you have in the following	ı fields:
□ governm	ent service	× human resources
□ law	☐ marketing/public relations	□ finance
D. Have you fo locations? No	ormerly or currently sought medical se	rvices at one of our clinic

E. Please list current and past volunteer activities:

Dates:	Name of Organization:	Responsibilities:
Summer 2010 - Current	County of Santa Barbara Public Health Department	CHC Board Member; provided direction for Public Health Staff on programming and collaboration from a board perspective
2008 - 2010	United Way of Northern Santa Barbara County	Advisory Board Member; provided guldance & advice for United Way on funding allocations
2008-2009	Santa Maria Valley Teen Leadership Program	Board Member; provided guidance on Santa Maria Valley Teen Leadership Program & wrote grants to support the year long program.

- F. List any experience working with provision of outpatient medical services to the underserved.
 - At Good Samaritan Shelter, we provide outpatient drug & alcohol treatment medical services to the homeless and those in recovery.
- G. List any potential conflicts of interests between private life and public service which might result from service as a CHC Board Member: Good Samaritan Shelter receives medical services for the homeless through the County of Santa Barbara Public Health Department and we also receive a small amount of funding for substance abuse outreach
- H. Please provide the following federally required information:
 Affirmative Action Information: N/A
 Sex/Race Ethnic Background: Female, Caucasian
 Birth date (month & date): January 1972

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to the board may result in my dismissal.

Signature $\frac{1}{2}$ $\frac{1}{3}$ Date: $\frac{1}{2}$