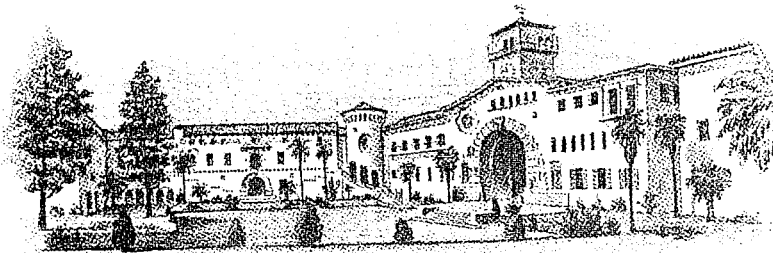


DOREEN FARR  
Third District Supervisor



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: October 28, 2013

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

2013 OCT 28 AM 11:50  
COUNTY OF SANTA BARBARA  
CLERK OF THE  
BOARD OF SUPERVISORS

For placement on the agenda for the meeting of: **November 5, 2013**

I would like to recommend the following for the appointment / reappointment to the:  
**Mental Health Commission**

Name of Appointee: **Lorraine Neenan**

Address:

City/State/Zip:

Home Telephone:

Telephone 2:

E-mail:

Appointee will represent **Third District** on this committee.

Position was formerly held by: Michael Vellenkamp

Term expires: **June 30, 2015**

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

Third District Supervisor Doreen Farr

Signed by: Stephanie Langsdorf for DF

**Clerk of the Board:** Please send minute order to Maria Xique, ADMHS 681-5232.

<b>APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE</b> Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101	DATE RECEIVED  <input type="checkbox"/> Copy to Supervisor
<b>INSTRUCTIONS:</b> 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 ) <i>Third District Alternate</i>	2. Today's Date: <i>9/9/13</i>
3. NAME: <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span><i>Neenan</i></span> <span><i>Lorraine</i></span> <span><i>Rowden</i></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	4. E-MAIL ADDRESS:  
6. ADDRESS: <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span><i>Santa Ynez</i></span> <span><i>93460</i></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Number</span> <span>Street</span> <span>City</span> <span>Zip Code</span> </div>	5. TELEPHONE: Home: _____ Busine: _____
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. <i>Mattie Gadsby</i> <span style="float: right;"><i>Community Action Commission</i></span> <span style="float: right;"><i>Children's Services Director</i></span>	
B. <i>Teressa Rodriguez-Jok</i> <span style="float: right;"><i>First 5</i></span> <span style="float: right;"><i>Program Analyst</i></span>	
C. <i>Dean Paulis</i> <span style="float: right;"><i>People Helping People</i></span> <span style="float: right;"><i>Executive Director</i></span>	
8. Are you or have you been employed by the County of Santa Barbara? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No If YES, list: Department: _____ Title: _____ Date: _____	
9. Please check appropriate boxes (optional): Ethnic or racial identity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (Please specify) _____	10. Education completed: <i>BA</i> <i>Human Development</i> 11. Indicate Supervisor who will receive a copy of this application: <i>Doreen Farr</i>
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>my son has suffered with schizophrenia for the past 12 years. During that time I have done my best to navigate the complicated mental health, social services and criminal justice systems. I would like to help influence these systems in Santa Barbara County to become more effective and user/family-friendly.</i>	
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>I am a NAMI member, graduate of their Family-to-Family program and hold a Mental Health First Aid certificate. I am currently the Secretary of the People Helping People board of directors. I have previously been on the boards of the First 5 Advisory committee, the Child Care Planning council and local leader of the National Association for the Education of Young Children Affiliates. For eleven years I worked for CAC, in the Head Start program.</i>	
14. SIGNATURE OF APPLICANT <i>Lorraine R. Neenan</i>	