DOREEN FARR Third District Supervisor



OFFICE OF THE THIRD DISTRICT SUPERVISOR

County Administration Building 105 East Anapamu Street Santa Barbara, California 93101 Telephone: (805) 568-2191 Fax: (805) 568-2883 www.countyofsb.org

COUNTY OF SANTA BARBARA

Date: January 7, 2010

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:

January 19, 2010

I would like to recommend the following for the appointment / reappointment to the Los Alamos Cemetery District Board of Directors

Name of Appointee: Charles Gonzales

Address:

P.O. Box 647

City/State/Zip:

Los Alamos, CA 93440

Home Telephone: Work Telephone:

805-344-5700 805-344-4404

Cell Phone: E-mail:

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

Position was formerly held by:

Term expires: December 31, 2013

Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Clerk of the Board: Please send minute order to Los Alamos Cemetery District Director

at P.O. Box 702 Los Alamos, CA 93440

APPLICATION FOR

CL6-1 (REV.3/05)

COUNTY OF SANTA BARBARA BOARD,

COMMISSION, OR COMMITTEE
Return to: Clark, 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 link or type.

you or engineers. The partition of types.				
1. APPLYING FOR: (Use specific	. ' // \		2. Today's Date: 1 - 5 - 10	
3. NAME: OO NZA LEJ	4. E-MAIL ADDR	ESS:		
Fast,	First Mig-	dia		
6. ADDRESS; 285 MAIN ST P.O. B90647			5. TELEPHONE: Home: 344-5700	
LOS Ahan	mos 9.	3440 Zip Code	Business: 3	44-4404
7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, commu-				
nity involvement, and abilities. NAME	ADDRESS		HONE NUMBER	OCCUPATION
Α.				•
8.				
c.				
8. Are you or have you been employed by the County of Santa Barbara? D YES 6 No If YES, list:				
Department Date:				
9. Please check appropriate boxes (optional); 10. Education completed:				
Ethnic or racial identity:	Sex:	а	<i>/</i> -	
☐ White ☐ White ☐ White ☐ White ☐ White ☐ Hard (African American)	그 Male 그 Female	$\mathcal{L}_{\mathbf{A}}$,	\sim	
22 Hispanic	7 i emae	11. Indicate Su	pervisor who will re	eceive a copy of this application:
☑ Asien/Pacific Islander ☑ Native American/Alaskan Native			•	
O Other (Please specify)				
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.				
,				
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.				
				•
•	•			
	•			
	_			
14. SIGNATURE OF APPLICANT				