

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 2015 JUN -1 PM 3:20 <input type="checkbox"/> Copy to Supervisor
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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. 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) Advisory Board on Alcohol and Drug Problems	2. Today's Date: 5/27/2015
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3. NAME: Weaver, F. Edwin _____ Last First Middle	4. E-MAIL ADDRESS: _____
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6. ADDRESS: _____ Number Street _____ City Zip Code	5. Telephone: Home: _____ Business: _____
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7. REFERENCES: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION
A. Dr. Mark Richardson			DS. SMJHSD
B. Mr. Phil Alvarado			DS SMBSD
C. Mrs. Alice Patino			Mayor Santa Maria

8. Are you or have you been employed by the County of Santa Barbara? YES No If YES, list:
 Department: Department of Social Services Title: Supervisor Dates: 7/2010- 3/2014

9. Please check appropriate boxes: 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)	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10. Education completed: Masters in Social Work UCLA, Masters in Theology- Fuller Seminary
		11. Indicate supervisor who will receive a copy of this application: Peter Adam, 4th District

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 am very concerned about the Drug and Alcohol abuse in our community. Specifically the impact on our youth and families and our public safety. I am interested in working with a team that is trying to prevent these social problems from occurring.

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 have worked with families for over 30 years in the public, private and religious sectors. As the supervisor in Child Welfare in Santa Maria I saw the destruction of Drugs and Alcohol on the family and the trauma it created on children. I believe that we can work together as a community to educate and prevent drugs and alcohol abuse.

14. SIGNATURE OF APPLICANT
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