Peter Adam Fourth District Supervisor



Fourth District Office

100 E. Locust Ave., Ste. 101 Lompoc, CA 93436 officeofpeteradam@countyofsb.org

COUNTY OF SANTA BARBARA

Date: March 27, 2014

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: April 1, 2014 I would like to recommend the the \(\sum \) appointment/ \(\sum \) reappointment of the following person to the: **Orcutt Trails Commission** Ms. Salutation: \bowtie Mr Mrs Joel Byars IV Full Name of Appointee: Address: City/State/Zip: Home Phone: Work Phone: E-mail: Appointee will represent the Fourth District on this commission. Position was formerly held by: John Bravo Check box only if this appointment is filling an unexpired vacancy. Fourth District Supervisor: Peter Adam Signed by:

COB Information Verification
☐ Letter of Resignation on file
☐ Vacancy Notice on file
Term:
uyears
□ Beginning date
☐ Ending date

APPLICATION

FOR

COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE

Return to: Clerk, Board of Supervisors

DΔ	TE	RF	CE	NΖ	F٢
$-\nu$		UE	LE	ıv	ᇿ

	o. Clerk, board of Supe					
County Administration Building						
105 E. Anapamu St., Room 407			Copy to Supervisor			
Sa	inta Barbara, CA 93101	l j				
			Board, Commission	, or Committe	e (only one per application) for	
					rs' Office. This application shall be	
					eligibility. Please print in ink or	
type.						
1. APPLYING FOR (use specif	fic title):			•	2. Today's Date:	
Santa Barbara County Trails	Commission				Nov. 20, 2013	
3. NAME				4. E-MAIL	ADDRESS:	
Byars, IV	Joel					
				Joel.byarse	@gmail.com	
Last	First	Middle		 		
5. ADDRESS				6. TELEPH	ONE:	
				lla-mai -		
Number Str	reet		.	Home:		
Trainbei Sti	661			Business:		
				Dusiness		
City	Zip Code		-			
		ons, not relatives, who have	knowledge of you	r character. ex	perience, community involvement,	
and abilities.						
NAME		ADDRESS	PHONI	NUMBER	OCCUPATION	
A.				•		
Gino Brunello					Physical Therapist	
В.					<u> </u>	
Gary Teixeira			į (Farmer	
C.						
Michael Champion					Entrepreneur	
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	• • • • • •		10. Education con	npleted:		
Ethnic or racial identity:	Sex:					
White	Male	_	College			
☐ Black (African American) ☐ Hispanic)	e l	11			
Asian/Pacific Islander			11. mulcate super	VISOF WITO WITE	receive a copy of this application:	
☐ Native American/Alaskar	n Native		Supervisor Peter A	Adam		
Other (Please specify)	,		Supervisor reter a	-cam		
······································	lain why you are interested i	in serving and what experier	ce you bring to the	e Board, Comn	nission, or Committee for which	
you are applying:	• • • • • • • • • • • • • • • • • • • •		,	- , - -		
Avid user of current trail sys	tem for hiking, running, mo	untain bike riding. I am inte	rested in preserving	g the trail syst	tem for current and future	
					ve relationships throughout the	
Santa Maria and Orcutt com	nmunities, I feel that I have a	lot to offer to bring people	together to achiev	e results for th	e common good for all.	
42 ADDITIONAL ********	1011 0					
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:						
Board Member-Santa Maria	Valley YMCA-Pact Precident	1				
Board Member-Santa Maria Valley YMCA-Past President Board Member-Santa Maria Valley YMCA Foundation						
Board Member-Santa Maria Valley YMCA Foundation Board Member-Santa Maria Valley Boys & Girls Club-Immediate Past President						
Board Member-Elkhorn Homeowners Association-Board President						
Board Member-St. Joseph H						
	~					

		
SIGNATURE OF APPLICANT		