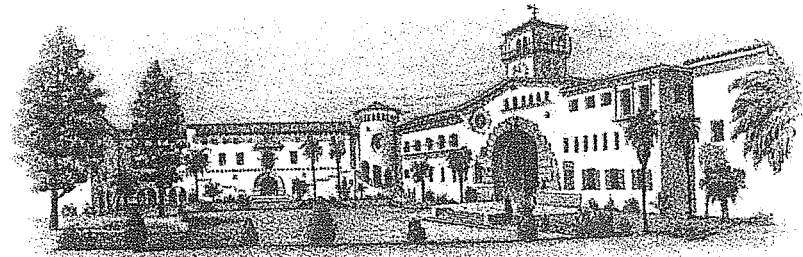


06/16-03

09-00548

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

JUN 16 2009

Date: May 29, 2009

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

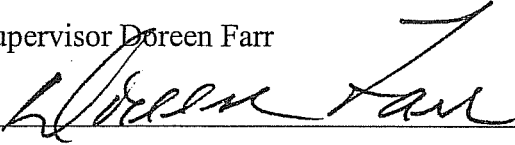
For placement on the agenda for the meeting of: **June 16, 2009**

I would like to recommend the following for the appointment / reappointment to the
Human Services Commission

Name of Appointee: **Brian Passaro**
Address: 475 Bobcat Springs Rd.
City/State/Zip: Buellton, CA 93427
Home Telephone: 760-485-6446
Work Telephone: 805-969-5050 x222
Cell Phone:
E-mail:

Appointee will represent **Third District** on this committee.
Position was formerly held by: vacant
Term expires: **June 30, 2012**

Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr
Signed By: 

Clerk of the Board: Please send minute order to Nancy Madsen, Human Services Administration, Public Health Dept. 300 N. San Antonio Rd. Bldg #1 B102 Santa Barbara, CA 93110 805-681-4078

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE Return to: Clerk, Board of Supervisors County Administration Building 106 E. Anapamu Street, Room 107 Santa Barbara, CA 93101		DATE RECEIVED
		<input type="checkbox"/> 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 ink or type.		
1. APPLYING FOR: (Use specific title) HUMAN SERVICES COMMISSION		2. Today's Date: 2-13-09
3. NAME: PASSARO, BRIAN N. Last First Middle		4. E-MAIL ADDRESS: BPASSARO@ANIMDISTRICT.ORG
6. ADDRESS: 475 BOBCAT SPRINGS ROAD Number Street BUELLTON 93427 City Zip Code		5. TELEPHONE: Home: 760-485-6446 Business: 805-967-5050 x222
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
A. DAVID PRITCHETT	2450 LILIE AVE, PO BOX 1389 SUMMERLAND, CA 93067	805-403-8830
B. LARRY FANSETT	2450 LILIE AVE, PO BOX 1389 SUMMERLAND, CA 93067	805-705-5529
C. DAVID READY	3200 E. TAHQUITZ CANYON WAY PALM SPRINGS, CA 92262	760-322-8342
OCCUPATION		
A. TRUSTEE		
B. TRUSTEE		
C. CITY MANAGER		
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: MASTER'S OF PUBLIC ADMINISTRATION
		11. Indicate Supervisor who will receive a copy of this application: DOREEN FARR
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 NEW TO THE COMMUNITY AND WOULD LIKE TO GIVE BACK TO THE RESIDENTS OF THE COUNTY. I CURRENTLY MANAGE A PUBLIC HEALTH ORGANIZATION AND AM COMMITTED TO MAKING A DIFFERENCE THROUGH EFFECTIVE HUMAN SERVICES PROGRAMS. I AM PARTICULARLY INTERESTED IN CHILD ABUSE PREVENTION AND HOMELESS PROGRAMS.		
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 AM THE GENERAL MANAGER FOR THE MOSQUITO & VECTOR MANAGEMENT DISTRICT OF SANTA BARBARA COUNTY. I HAVE PREVIOUSLY VOLUNTEERED FOR THE BOY'S & GIRLS CLUBS OF CALIFORNIA, COURT APPOINTED SPECIAL ADVOCATES (CASA) AND AS A GUEST SPEAKER AT COMMUNITY COLLEGES. I HAVE A BACHELOR'S DEGREE IN BIOLOGY, A MASTER'S IN PUBLIC ADMINISTRATION AND MASTER'S COURSE WORK IN HEALTH SERVICES ADMINISTRATION.		
14. SIGNATURE OF APPLICANT x 