

0303-19 07-0018

JANET WOLF
County Supervisor, Second District

MARY E. O'GORMAN
Chief of Staff

KARIN QUIMBY
Executive Field Representative

JANE S. FERRY
Office Manager



BOARD OF SUPERVISORS
105 East Anapamu Street
Santa Barbara, California 93101

A-12

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SANTA BARBARA COUNTY

MAR 03 2009

Date: February 23, 2009

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:
March 3, 2009.

I would like to recommend the **appointment** of the following person to the:
Mental Health Commission

Salutation:	Ms.
Full Name of Appointee:	Belinda S. Zola
Address:	4663 Via Bendita
City/State/Zip:	Santa Barbara, CA 93110
Home Phone:	805-692-9994
Work Phone:	None Given
E-mail:	belzola@cox.net

Appointee will represent the **Second District** on this commission.

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

Position was formerly held by: **Margaret Ann Lydon**

Expires on **7/1/2010**

Second District Supervisor: Janet Wolf

Signed by: Janet Wolf

Clerk of the Board: Please send minute order to Marcia Carstensen, ADMHS

**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

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)
Mental Health Commission

2. Today's Date:
2-13-09

3. NAME: Zola Belinda S
Last First Middle

4. E-MAIL ADDRESS:
belzola@cox.net

6. ADDRESS:
4663 Via Bendita
Number Street

Santa Barbara, CA 93110
City Zip Code

5. TELEPHONE:
Home: (805) 692-9994
Business: _____

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. Judi Koper	4122 Marina Dr. SB	(805) 687-1389	Homemaker
B. Rachel Wilson	1052 St. Mary's Ln. SB	(805) 964-7929	Lawyer
C. Linda Cheresh	4330 Via Presada SB	(805) 967-8675	Banker

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 boxes (optional):

Ethnic or racial identity:
 White
 Black (African American)
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (Please specify)

Sex:
 Male
 Female

10. Education completed:
UCLA - BS

11. Indicate Supervisor who will receive a copy of this application:
Janet Wolf

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.