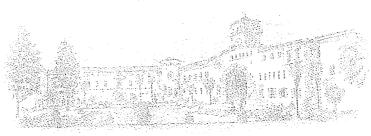
JANET WOLF County Supervisor, Second District

MARY E. O'GORMAN

Chief of Staff

KARIN QUIMBY Executive Field Representative

> JANE S. FERRY Office Manager



## SANTA BARBARA COUNTY

BOARD OF SUPERVISORS

105 East Anapamu Street Santa Barbara, California 93101

TELEPHONE: (805) 568-2191 FAX: (805) 568-2283 E-mail: jwolf@sbcbos2.org

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:

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

which you are applying.

Copy to Supervisor

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per a plication please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisor 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. APPLYING FOR: ( Use specific title 2. Today's Date: Health Commission 2-13-09 3. NAME: 4. E-MAIL ADDRESS: helzola @ cox. net 6. ADDRESS: 5. TELEPHONE: Via Bendita 692-9996 7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities. NAME TELEPHONE NUMBER 4122 Marina Dc SB (805) 687-1389 1052 St. Mary'S LN. SB (805) 964-792 4330 Via Presada SB (805)967-8675 8. Are you or have you been employed by the County of Santa Barbara? 

YES 
No If YES, list: Department: 9. Please check appropriate boxes (optional): 10. Education completed: Ethnic or racial identity: Sex: LICLA - BS ₩ White ☐ Male ☐ Black (African American) **X**Female ☐ Hispanic 11. Indicate Supervisor who will receive a copy of this application: ☐ Asian/Pacific Islander ☐ Native American/Alaskan Native ublf Janet ☐ Other (Please specify) 12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for

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.