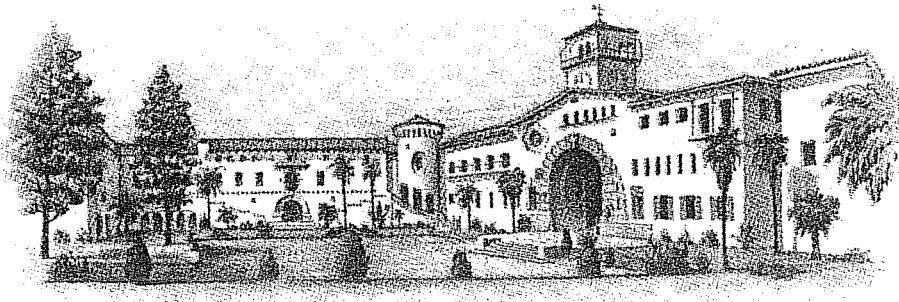


**SALUD CARBAJAL**  
First District Supervisor

**JEREMY TITTLE**  
Executive Staff Assistant

**MARY ELLEN WYLIE**  
Administrative Assistant

**ERIC FRIEDMAN**  
Administrative Assistant



**BOARD OF SUPERVISORS**  
105 East Anapamu Street  
Santa Barbara, California 93101  
TELEPHONE: (805) 568-2186  
FAX: (805) 568-2534  
E-mail:  
supervisorcarbajal@sbcbos1.org

**COUNTY OF SANTA BARBARA**

Date: March 18, 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: April 7, 2009

I would like to recommend the  appointment/  reappointment of the following person to the Advisory Board on Alcohol and Drug Problems:

Salutation:  Mr  Mrs  Ms.  
Full Name of Appointee: John Gostovich  
Address: P.O. Box 905  
City/State/Zip: Summerland, CA 93067  
Home Phone: 805-679-1490  
Work Phone:  
E-mail: gostovich@mac.com

Appointee will represent the First District on this commission.

Position was formerly held by: Eva Arredondo

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

First District Supervisor: Salud Carbajal

Signed by: Ella Juarez (for SC)

COB Information Verification	
<input type="checkbox"/>	Letter of Resignation on file
<input type="checkbox"/>	Vacancy Notice on file
Term:	
<input type="checkbox"/>	_____ years
<input type="checkbox"/>	Beginning date _____
<input type="checkbox"/>	Ending date _____

**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

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)  
**Advisory Board on Alcohol and Drug Problems**

2. Today's Date:  
**2/20/09**

3. NAME:  
**John Gostovich**

4. E-MAIL ADDRESS:  
**gostovich@mac.com**

Last First Middle

6. ADDRESS:  
**PO Box 905**

5. TELEPHONE:  
Home: **805-679-1490**

Business: \_\_\_\_\_

Number Street City Zip Code

**Summerland, CA 93067**

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. Tish Gainey	4495 Via Abrigada Santa Barbara CA 93110-2301	805-682-2911	Retired
B. Peter Murphy	PO Box 5246 Montecito CA 93150	805-566-3747	Retired
C. Lauren Hanson	288 Sherwood Dr. Santa Barbara CA 93110	805-683-1942	Goleta Water Board Member

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:  
**MS**

11. Indicate Supervisor who will receive a copy of this application:  
**Salud Carbajal**

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.

Drug and alcohol prevention, intervention and treatment are significant County responsibilities. I'm very interesting in supporting the work of the County in addressing these problems. For a time, I managed the grants and budgets of the Chemical Dependency Division, Minnesota Department of Human Services, and struggled with declining state appropriations.

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 also have an Associate degree from the College of St. Catherine, St. Paul, MN, in Chemical Dependency Counseling and was a licensed counselor in Minnesota.