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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

700 HI 06 HI 3 06

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

Office. This application shall be main of eligibility. Please print in ink or t y	ype.	. Autor one y			
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6. ADDRESS		805			
Number Street		Home			
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☐ Native American/Alaskan Native			. 5		
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References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, commu- rinvolvement, and abilities. NAME ADDRESS TELEPHONE NUMBER OCCUPATION AT you or have you been employed by the County of Santa Barbara? Title: Title: Date: Please check appropriate boxes (optional): Indicate check appropriate boxes (optional): Philo or racial identity: White Black (Arican American) Hispanic Asiant/Pacific Islander Nalive American/Alsakan Nalive Cither (Please explain why you are interested in serving and what experience you bring to the Commission or Committee for nich you are applying. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, voluntaer activities, community organization memberships, or personal interests that bear on your application for above Boarc, Commission, or Committee.	/ LAG.	r isoaro	Indanta	Maria	11-54-	ه اله
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