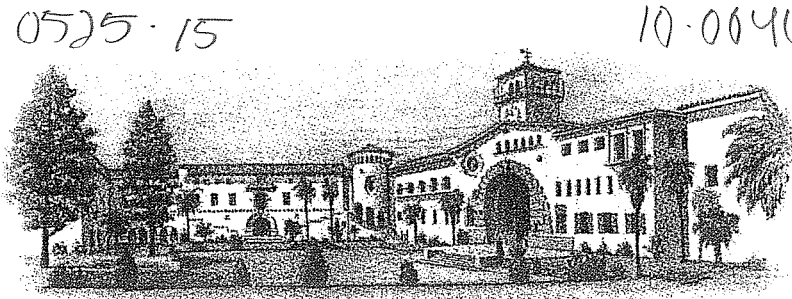


0525-15  
DOREEN FARR  
Third District Supervisor



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

A-25  
MAY 25 2010

Date: May 13, 2010

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: **May 25, 2010**

I would like to recommend the following for the appointment / reappointment to the  
**Mental Health Commission**

Name of Appointee: **James Rohde**  
Address: **1686-B Eucalyptus Dr.**  
City/State/Zip: **Solvang, CA 93436**  
Home Telephone: **(805) 688-8927**  
Work Telephone: **(805) 962-6195**  
Cell Phone:  
E-mail: **j.rohdster@verizon.net**

Appointee will represent **Third District** on this committee.

Position was formerly held by:

Term expires: **July 1, 2013**

\_\_\_ Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Signed By: Steph Langsdorf for DF

**Clerk of the Board:** Please send minute order to Maria Xique 805-681-5232.

<b>APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE</b> Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101		DATE RECEIVED  <input type="checkbox"/> Copy to Supervisor
<b>INSTRUCTIONS:</b> 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) <b>MENTAL HEALTH COMMISSION</b>		2. Today's Date: <b>MAY 10, 2010</b>
3. NAME: <b>ROHDE JAMES MATHES</b> <small>Last First Middle</small>		4. E-MAIL ADDRESS: <b>j-rohdster@verizon.net</b>
6. ADDRESS: <b>1686-B EUCALYPTUS DRIVE</b> <small>Number Street</small> <b>SOLVANG CA 93463</b> <small>City Zip Code</small>		5. TELEPHONE: Home: <b>688-8927</b> Cell: <b>452-6017</b>
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. JOHN TURNER	107 E. MICHELTORRENA S.A. CA 93101	965-3434 EXECUTIVE DIR. PHOENIX OF S.B.
B. TONA WAKEFIELD	151 OCEAN VIEW AVE. CARPINTERIA, CA 93031	722-0152 JAIL DISCHARGE PLANNER
C. JIM MORRELL	P.O. BOX 1337 SOLVANG, CA 93464	688-3824 RETIRED
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) _____ Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		10. Education completed: <b>UNDERGRADUATE DEGREES</b>  11. Indicate Supervisor who will receive a copy of this application: <b>DOREEN FARR</b>
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. <b>THE FIELD OF CO-OCCURRING DISORDERS IS IMPORTANT TO ME I GREW UP IN AN ALCOHOLIC HOME. I HAVE ALWAYS HAD A STRONG DESIRE TO HELP OTHERS. I HAVE SERVED ON THE MHC FOR MANY YEARS, AND I AM A PAST CHAIR PERSON.</b>		
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. <b>*ALCOHOL, DRUG ADVISORY BOARD</b> <b>* COUNSELOR/TEACHER - EMOTIONALLY DISTURBED ADOLESCENTS.</b> <b>* SOCIAL WORK - LOMPOC PENITENTIARY + SOLEDAD STATE PRISON</b> <b>* EXECUTIVE DIRECTOR - LICENSED RESIDENTIAL FACILITY</b> <b>* CERTIFIED ALCOHOL, DRUG COUNSELOR - PROJECT RECOVERY</b> <b>* CERTIFIED SEXUAL ASSAULT COUNSELOR - S.B. RAPE CRISIS CTR</b> <b>* ADVANCED MEDIATOR IN A COURT OF LAW - SOLVANG</b> <b>* DEGREE IN THEOLOGY - ISSUES OF FAITH + SARIT</b> <b>* CERTIFIED TEACHER FAMILY TO FAMILY EDUCATION PROG. - NAM I</b> <b>* 10 YRS - SHERIFF'S DEPT - EMERGENCY DOMESTIC VIOLENCE CALLS</b>		
14. SIGNATURE OF APPLICANT X <b>James Mathes Rohde</b>		