ATTACHMENT B WORKFORCE INVESTMENT BOARD REAPPOINTMENT TERMS 4/1/14

Organization Category Appointment Current Term Reappointment Date End Date Term End Date	Community Action Mandated 12/1/11 12/31/13 4/1/17	Commission Community Based	EDD – Workforce Mandated 12/1/11 12/31/13 4/1/17	Services Branch Education,	Unemployment,	Voterone
Organization	\ction					>
Name	Anthony Mitchell		Grace Schoch-Manzano			



WORKFORCE INVESTMENT BOARD

Membership Application and Disclosure Statement

Section 1

(To be completed by individual interested in membership on the Workforce Investment Board)

Anthony L. Mitchell	Human Resources Director
(Name)	(Business Title)
Community Action Commission of Santa B	arbara County
(Employer/Firm Name)	
5638 Hollister Ave, Suite 230, Goleta,	CA 93117
(Business Address)	(Zip Code)
amitchell@cacsb.com	805 964-8857 ext 130
(Email Address)	(Business Phone Number)
non-profit organizations. During the y in a personal and professional coaching maximizing their potential and fulfillments.	
To help preclude a potential conflict of interest, a affiliated, which may contract with the Workforce services.	also please list any organization with which you are Investment Board employment and training
Community Action Commission of Santa Ba	rbara County
(Signature) L Nitchell	(Date)

ADDITIONAL INFORMATION: You may attach a **RESUME** to supplement the questionnaire. Additional pages providing pertinent data may be enclosed to assist in the evaluation process. Should you need any assistance or have any questions concerning this application, please call Raymond McDonald at (805) 681-4446.

Education and Training: Please list post-secondary education/training, including relevant professional or vocational licenses or certificates.

Institution The Coaches Training Institute	Address San Rafael, CA	Degree/License Or Certificate CPCC
The Coaches Haining Institute	ball Rafaer, OA	
University of La Verne	La Verne, CA	Masters' degree
UCSB	Santa Barbara, CA	Bachelors' degree
	complete one category tha p on the Workforce Investr	
Private Sector Business Repre	esentative (If yes, check all t	hat apply)
Owner Chief Executive or Chief (sponsibility
Public Sector Representative (If yes, check all that apply)	
Educational Agency: Public Employment Servi Organized Labor Rehabilitation Agency Economic Development A Community Based Organ Other Specify	Agency	

** Private non profit organization which represents a significant segment in the community and which provides job training services.

RETURN OF APPLICATION: Please return your application, upon completion to:

Raymond McDonald **Executive Director** Workforce Investment Board of Santa Barbara County 260 N. San Antonio Rd. Santa Barbara, CA 93110



WORKFORCE INVESTMENT BOARD

Membership Application and Disclosure Statement

Section 1

(To be completed by individual interested in membership on the Workforce Investment Board)

Grace Schoch-Manzano

EDD Office Manager for

Santa Barbara and San Luis Obispo Counties

(Business Title)

(Name)

Employment Development Department – Workforce Services Branch

(Employer/Firm Name)

1410 S. Broadway, Santa Maria

93454

(Business Address)

(Zip Code)

grace.schochmanzano@edd.ca.gov

805-614-1546

(Email Address)

(Business Phone Number)

Statement of Interest: Please state briefly your interest in employment and training programs. As the EDD office manager for the Santa Barbara county and community, it is crucial that I am involved in all aspects of job seeker and employer interests. As part of the Workforce Services my involvement and knowledge of the Workforce Investment Board will enhance the overall partnership and resources that EDD provides and is involved within the community. I will also have the opportunity to assist in establishing and promoting workforce development policies to meet the needs of our community.

Community Services: Please list boards, commissions, committees, and organizations on which you presently serve or have served and indicate office(s) held.

I have been nominated to the San Luis Obispo WIB, awaiting membership.

To help preclude a potential conflict of interest, also please list any organization with which you are affiliated, which may contract with the Workforce Investment Board employment and training services.

None at the present time.

Signature)

(Date)

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Education and Training: Please list post-secondary education/training, including relevant professional or vocational licenses or certificates.

Institution		- 1. <u></u>	Address		Degree/Licens Or Certificate	
	Please You for	check and co	omplete one	category th	at qualifies tment Board	
Private S	ector Busi	iness Repres	entative (If	es, check all	that apply)	
CI Ex M Si	wner nief Executi cecutive wit inority Busi mall Busine	ss*	Managemer	t or Policy Re	esponsibility	
Public S	ector Repr	esentative (If	yes, check	all that apply)		
E C	ducational Aublic Emplorganized La ehabilitation	Agency: oyment Service abor n Agency evelopment Ag Based Organiz	Publice	Private		

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