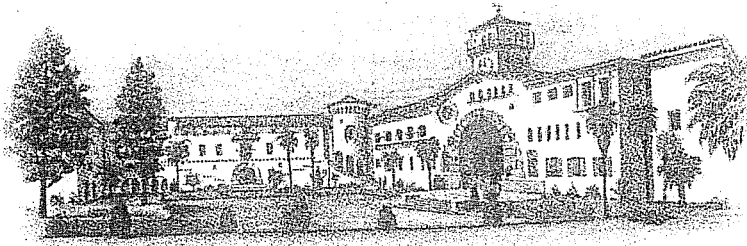


JOSEPH CENTENO  
BOARD CHAIRMAN

Fifth District County Supervisor  
jcenteno@co.santa-barbara.ca.us

GIL ARMIJO

Executive Assistant  
garmijo@co.santa-barbara.ca.us



SANTA BARBARA COUNTY BOARD OF SUPERVISORS

JOYCE CHRISMAN  
Administrative Secretary  
jchris@co.santa-barbara.ca.us

DONNA WESTPHAL  
Administrative Secretary  
dwestphal@co.santa-barbara.ca.us

A-29

Date: May 04, 2009

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 12, 2009**

RE: **Advisory Board on Alcohol and Drug Problems**

I would like to recommend the following for the appointment / reappointment subject  
Committee, Commission or Board:

Salutation: Mr. / Mrs. / Ms.

Full Name of Appointee: Teresa G. Menchaca

Address: 429 El Cerrito Drive

City/State/Zip: Santa Maria, CA 93455

Work Phone: 805-878-5276 / Home Phone: 805-938-5890

Appointee will represent: 5<sup>th</sup> District on this committee.

Position was formerly held by: Michael Gorbell

Fifth District Supervisor Joseph Centeno

Signed by: \_\_\_\_\_

**APPLICATION  
FOR  
COUNTY OF SANTA BARBARA BOARD,  
COMMISSION, OR COMMITTEE**

Return to: Clerk, Board of Supervisors  
County Administration Building  
105 E. Annapoju 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 & Drug

2. Today's Date:

4/23/09

3. NAME:

Menchaca Teresa G.

4. Social Security Number:

6. ADDRESS:

429 El Cerrito Drive  
Santa Maria CA 93455

5. Telephone:

Home: 805-938-5890  
Business: 805-878-5276

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
Alice Patino	1103 East Clark Ave	346-8407	City Council Member
Carmel Adam, MD, MSW	4223 California Blvd	934-6276	Medical Director
Dr. Jeff Heam	2560 Skyway Dr.	922-4573 x1201	Superintendent Santa Maria Joint Union High

8. Are you or have you been employed by the County of Santa Barbara?  YES  NO If YES, list:

Department:

Title:

Dates:

9. Please check appropriate boxes:

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:

College Graduate

11. Indicate supervisor who will receive a copy of this application:

Joe Centeno

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.

I have over 10 years experience in the Alcohol and Drug field and would be a valuable member based on my strong leadership skills and passion I have to provide prevention, intervention and treatment services in SWV.

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.

Executive Director of Anti-Drug Coalition in Santa Maria Valley  
Co-Chair Methamphetamine Prevention Network  
Board Member Juvenile Justice Coordinating Council  
Board Member Alan Hancock College - Human Services Division  
Member Community Anti-Drug Coalitions of America

14. SIGNATURE OF APPLICANT

*[Handwritten Signature]*