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COUNTY OF SANTA BARBARA

Date: 12/19/2019

Clerk of the Board of Supervisors
County of Santa Barbara
105 East Anapamu Street
Santa Barbara, CA 93101

RE: Commission Appointment

For placement on the Board of Supervisors agenda for the meeting of: January 14,
2020


I would like to recommend the reappointment of the following person to the
Behavioral Wellness Commission:

Salutation: Mr.
Full Name of Appointee: Charles Huffins
Address: [REDACTED]
City/State/Zip: [REDACTED]
Home Phone: [REDACTED]
E-mail: [REDACTED]

Reappointee will represent the Fifth District on this commission.

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

Fifth District Supervisor: Steve Lavagnino

Signed by: 

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 of the Board of Supervisors
105 E. Anapamu Street, Room 407
Santa Barbara, CA 93101

DATE RECEIVED

Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee) COMMISSION
LEAD MEMBER BEHAVIORAL WELLNESS

2. TODAY'S DATE:
12-09-2016

3. NAME:
GUFFNES CHARLES EDWIN

4. E-MAIL ADDRESS:
[Redacted]

5. ADDRESS:
[Redacted]

5. TELEPHONE:
Home: 805-287-8763
Business: SAME

6. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
<u>PATRICK BERGIN</u>	[Redacted]	[Redacted]	<u>Retired MH Commissioner</u>
<u>Frank Ricciardi</u>	[Redacted]	[Redacted]	<u>S.B.C. Director. ass</u>
<u>LINA WOOTEN</u>	[Redacted]	[Redacted]	<u>Emp. Government</u>

7. Are you, or have you ever been, employed by the County of Santa Barbara?
Department: MH Commission Title: Consumer family Date: 2006-2016

8. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):
Ethnic or Racial Identity:
 White
 African American
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (please specify):
Sex:
 Male
 Female

10. EDUCATION COMPLETED:
BA History minor Psychology

9. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.
I have served on the Commission in 1st. since 2006 - currently Vice Chairman for nearly 2 years. I feel this is necessary for the Director and we are progressing to want to remain and still have a check voice on the new Board

11. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.
It has been a pleasure to serve this County, and I would like to stop on whether I will chair or not, just to be member and present my opinions on all our subject matters.

1. SIGNATURE OF APPLICANT: Charles Edwin Guffnes 12-09-2016