Attachment B PHF Governing Board Application: Arlene Diaz

Profile				
Arlene	Diaz			
First Name	Last Name			
Email Address				
Email Address				
Street Address				
City			CA State	Postal Code
Indicate Supervi	sor Who Will Receive	a Copy of your		Postal Code
Fifth District - St	eve Lavagnino			
Primary Phone	Alternate Phone			
Which Boards w	ould you like to apply	for?		
Psychiatric Health F	acility (PHF) Governing B	oard: Submitted		
Reference 1 Nan	ne			
Harry Hagen				
Reference 1 Add	ress			
Reference 1 Tele	ephone			
Reference 1 Occ	upation			
Treasurer Tax Colle	ctor			
Reference 2 Nan	ne			
Kimberly Tesoro				
Reference 2 Add	ress			

Submit Date: Apr 02, 2024

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Bachelor's Degree.

Reference 2 Telephone
Reference 2 Occupation
Asst Treas Tax
f you are now, or have ever been employed by the County of Santa Barbar blease list the department in which you worked, your title, and the dates y were employed.
Here since 1/24/2000
nterests & Experiences
Please explain why you are interested in serving, and what experience you oring to the Committee. Attach additional documentation as necessary.
am responsible for the Office of the Public Guardian's LPS program and ProPay program. have been employed in this position since 2006.
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 documentation as necessary.
have been previously appointed to the PGB.
Demographics
Ethnicity
✓ Hispanic
Gender
▼ Female
Date of Birth
Education Completed:

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Please Agree with the Following Statement

I agree that upon submission of this application all information provided is a matter of public record, and is subject to disclosure.

✓ I Agree *

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