STEVE LAVAGNINO County Supervisor, Fifth District steve.lavagnino@countyofsb.org

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Chief of Staff
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SANDY AGALOS Administrative Assistant sandy.agalos@countyofsb.org

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COUNTY OF SANTA BARBARA

May 19, 2015

Clerk of the Board of Supervisors County of Santa Barbara 105 E. Anapamu St., 4th floor Santa Barbara, CA 93101

For placement on the agenda for the meeting of: June 2, 2015

Re: Appointment of Thomas Blosser Urbanske

I would like to recommend the appointment of Thomas Blosser Urbanske to the Alcohol & Drug Advisory Board

Appointee: Thomas Blosser Urbanske

Address:

City/State/Zip: Home Telephone:

Cell Phone:

Email:

Appointee will represent the Fifth District on this Board

Position is currently held by: (not occupied)

Term expires: June 2, 2018

Fifth District Supervisor: Steve Lavagnino

Signed by:

APPLICATION

FOR

COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE

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Return to: Clerk, Boar								
County Administra 105 E. Anapamu Si	-							
Santa Barbara,	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) for which you desire								
INSTRUCTIONS: Please complete each item	below. Be sure to enter the title of the l	Board, Commission, o	or Committee	e (only one per applica	tion) for which you desire			
consideration. For more complete informat year only. After one year, it is necessary to	file a new application for another year o	ira of Supervisors' Of of eligibility - Please n	rice. This app	plication shall be main	itained for a period of one			
1. APPLYING FOR (use specific title):	nie a new application for another year c	i eligibility. Flease p	mill ill lilk of	2 Today's Date:				
1. APPLYING FOR (use specific title): ALC 3. NAME	COHOL AND DRUG ADVI	SORIAL CUMMI	ITTEE	MAY 14 20	15			
3. NAME		4. E-MAIL	ADDRESS: /					
WORKING THE	RIASCER	,						
URBANSKE THOMAS								
Last First Middle				A TELEPHONE				
5. A/ · ·		6. TELEPHONE:						
	·	Home:						
Number Street			- " /					
	Cell:(
			Business:					
	ip Code		See Mark Sen Children	<u> </u>				
7. References: Give names and addresses of								
NAME	ADDRESS	PHONE N	NOMBEK	OCC	CUPATION			
A. JOE YATES	~		***					
B.								
JOE HUMPHREY				0	4			
C. DAVID COELHO	ž.		,	, ~. ! <i>'</i>	7			
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8. Are you or have you been employed by th	e County of Santa Barbara? 🔀 YES 📙	ار NO If YEs						
Department BOARD OF SU	PERVISORS Title FIFTH	DISTRICT SU	PERVISOR	R Date 1995-	2003			
Please check appropriate boxes (optional)Ethnic or racial identity:	Sex:	10. Education comp	leted:					
White	2							
Black (African American)	Male Female	MA						
Hispanic	_	11. Indicate Supervis	sor who will receive a copy of this application:					
Asian/Pacific Islander		ISTRICT SUPERVISOR						
Native American/Alaskan Native	ĺ	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
Other (Please specify)	interested in serving and what experience you bring to the Board, Commission, or Committee for which you are applying.							
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		990						
13. ADDITIONAL INFORMATION: Give any inf	ormation explaining your qualifications,	experience, training,	education, v	olunteer activities, co	mmunity organization			
memberships, or personal interests that bear	on your application for above Board, C	ommission, or Comm	ittee. Attach	n additional sheets as i	necessary.			
I HAVE BEE	IN INVOLVED IN AL	LOF THE	ABOU	VE FROM 17	ME TO TIME.			
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SIGNATURE OF APPLICANT								
Thomas B. Ullauste								
o, W	www							