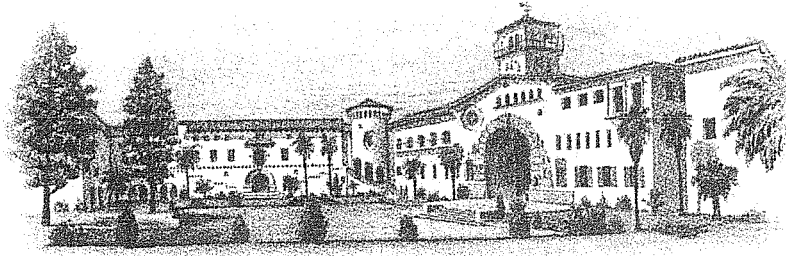


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DOREEN FARR
Third District Supervisor



OFFICE OF THE
THIRD DISTRICT SUPERVISOR
County Administration Building
105 East Anapamu Street
Santa Barbara, California 93101
Telephone: (805) 568-2191
Fax: (805) 568-2883
www.countyofsb.org

COUNTY OF SANTA BARBARA

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APR 14 2009

Date: April 2, 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: **April 14, 2009**

I would like to recommend the following for the appointment / reappointment to the:
Mental Health Commission (Alternate)

Salutation: Mr.
Name of Appointee: **Roger Thompson**
Address: 125 W. Anapamu St. #29
City/State/Zip: Santa Barbara, CA 93101
Home Telephone: (805) 698-5166
Telephone 2:
E-mail: roger@joincac.org

Appointee will represent **Third District** on this committee.

Position was formerly held by: vacant

Term expires:

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

Third District Supervisor Doreen Farr

Signed by: Stephanie Langsdorf for DF

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101		DATE RECEIVED <input type="checkbox"/> 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) Mental Health Commission - 3rd District Alternate Member		2. Today's Date: March 30, 2009
3. NAME: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Thompson Roger Jeremy </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> Last First Middle </div>		4. E-MAIL ADDRESS: roger@joincac.org
6. ADDRESS: 125 W. Anapamu St., #29 <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 2px;"> Number Street </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Santa Barbara 93101 </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 2px;"> City Zip Code </div>		5. TELEPHONE: Home: (805) 698-5166 Business:
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
A. Josephine Black, MPA	423 W. Victoria St. Santa Barbara, CA 93101	(805) 895-3108
B. Kathleen Barry, MFT	1235 Coast Village Road, Ste. E Montecito, CA 93108	(805) 708-2561
C. J.T. Turner, MFT	107 E. Micheltorena St. Santa Barbara, CA 93101	(805) 965-3434
8. Are you or have you been employed by the County of Santa Barbara? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No If YES, list: Department: _____ Title: _____ Date: _____		
9. Please check appropriate boxes (optional): Ethnic or racial identity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (Please specify)		10. Education completed: U.S. History, B.A. from UCSB in 2003 (4.00 in major, 3.98 overall) 11. Indicate Supervisor who will receive a copy of this application: Supervisor Doreen Farr
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. See attached.		
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. See attached.		
14. SIGNATURE OF APPLICANT		

Roger Jeremy Thompson
125 W. Anapamu St. #29
Santa Barbara, CA 93101
MHC Application
Attachment

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 would like the opportunity to voice concerns of consumers in an official capacity. At the last MHC meeting, I successfully advocated for a consumer subcommittee. I'd like to chair this subcommittee but can only do so if I'm on the MHC. The experience I've acquired from forming and running a local non-profit that advocates for those with mental illness in Santa Barbara County makes me particularly suited for this commission.

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 sheets as necessary.

I founded the Consumer Advocacy Coalition which after only nine months is the largest and most organized consumer advocacy group in this county's history and one of the most active consumer advocacy groups in California. I'm empowered by the members, my staff and my Board of Directors to articulate the needs and concerns of those directly affected by ADMHS. Serving on the MHC enables me to better serve in that capacity.