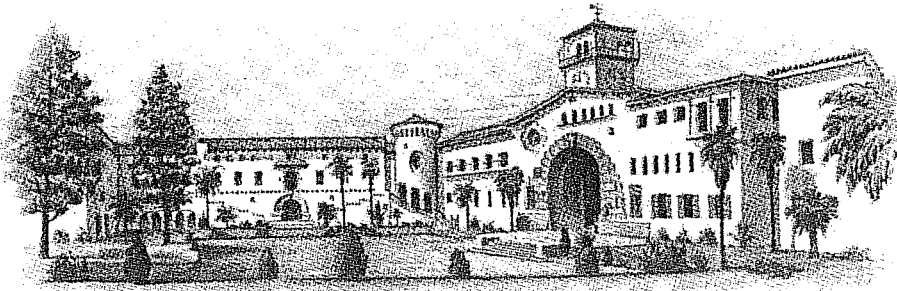


**SALUD CARBAJAL**  
First District Supervisor

**JEREMY TITTLE**  
Executive Staff Assistant

**MARY ELLEN WYLIE**  
Administrative Assistant

**ERIC FRIEDMAN**  
Administrative Assistant



**BOARD OF SUPERVISORS**  
105 East Anapamu Street  
Santa Barbara, California 93101

TELEPHONE: (805) 568-2186  
FAX: (805) 568-2534

E-mail:  
supervisorcarbajal@sbcbos1.org

**COUNTY OF SANTA BARBARA**

Date: June 29, 2009

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

RE: Committee, Commission or Board District Appointment

For placement on the Board of Supervisors agenda for the meeting of: July 7, 2009

I would like to recommend the  appointment/  reappointment of the following person to the Human Services Commission:

Salutation:  Mr  Mrs  Ms.  
Full Name of Appointee: Christina Pizarro  
Address: 427 De La Vina Street  
City/State/Zip: Santa Barbara, CA 93101  
Home Phone: 805-403-6225  
Work Phone: 805-845-4580  
E-mail: christinapizarro@msn.com

Appointee will represent the First District on this commission.

Position was formerly held by: Tom Mendoza

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

First District Supervisor: Salud Carbajal

Signed by: *Eric Friedman (for sc)*

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 _____

6/24  
2:00

<b>APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE</b> Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101	DATE RECEIVED  MAY 28 2009 <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) <b>Human Services Commission</b>	2. Today's Date: <b>5-26-09</b>
---	------------------------------------

3. NAME: <b>Pizarro, Christina</b> <small>Last First Middle</small>	4. E-MAIL ADDRESS: <b>christinapizarro@msn.com</b>
---	---

6. ADDRESS: <b>427 De la Vina street</b> <small>Number Street</small> <b>Santa Barbara, CA 93101</b> <small>City Zip Code</small>	5. TELEPHONE: Home: <b>(805) 403-6225</b> Business: <b>(805) 845-4580</b>
---	---

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
A Carol Byrne	1126 N. Hoover St. LA 90026	805 456-9733	Premium Finance Manager
B Laura Dumas	8812 Harratt St. W.H. 90049	310 560-5936	H.S./College Instructor
C Juanita Medina	427 De la Vina St. SB 93101	805 708-2701	care giver

8. Are you or have you been employed by the County of Santa Barbara?  YES  No If YES, list:  
 Department: **WIA** Title: \_\_\_\_\_ Date: \_\_\_\_\_

9. Please check appropriate boxes (optional): Ethnic or racial identity: <input type="checkbox"/> White <input type="checkbox"/> Black (African American) <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (Please specify)	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	10. Education completed: <b>Bachelor's Degree</b>
		11. Indicate Supervisor who will receive a copy of this application: <b>Salva Carbajal</b>

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 paper**

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.

**RECEIVED**  
**MAY 28 2009**  
**1ST DISTRICT OFFICE**

Page 2.

12.

I believe I will bring innovative ideas and solutions by thorough commitment to the Human Services Committee. My background in community organizing, volunteerism, and leadership skills provide a strong and sound foundation towards my set goals.

13.

I am the founder and Director of my neighborhood group, The West Downtown Neighborhood Group, where I have created a positive and strengthened synergy between our neighbors and the City of Santa Barbara thus forging a stronger, safer, and healthier community for all those who live, work, and "play" there. I believe that community interaction and committed dedication helps fortify neighborhoods, thus ultimate creates unity and community.

I volunteer as a tutor to K-12 children, mentor teens towards attaining higher educational goals, and dedicate hours to keeping my community litter and graffiti free. I am also the liaison of my Neighborhood Watch Group.

**COMMUNITY MEMBERSHIPS:**

**WEST DOWNTOWN NEIGHBORHOOD GROUP**

**LOOKING GOOD SANTA BARBARA, BLOCK CAPTAIN**

**ESPERANZA GROUP**

**SANTA BARBARA COALITION AGAINST GUN VIOLENCE**