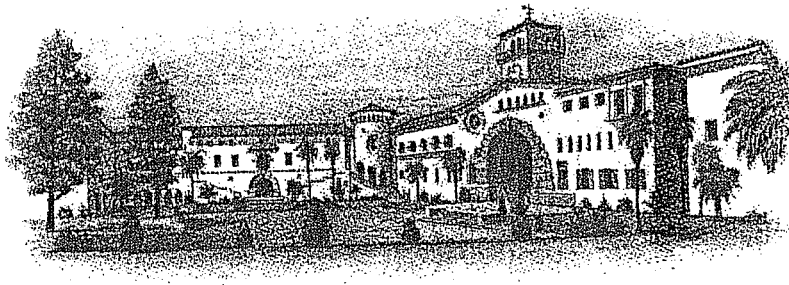


DOREEN FARR
Third District Supervisor



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

A-36

Date: June 9, 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: **June 23, 2009**

I would like to recommend the following for the appointment / reappointment to the
Commission for Women

Name of Appointee: **Deborah Dawicki**
Address: 273 Vester Sted
City/State/Zip: Solvang, CA 93463
Home Telephone: 805-686-8471
Work Telephone: 805-698-8479
Cell Phone:
E-mail: debor19071@aol.com

Appointee will represent **Third District** on this committee.
Position was formerly held by: vacant
Term expires: **June 30, 2012**

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

Third District Supervisor Doreen Farr

Signed By: _____

Clerk of the Board: Please send minute order to Shen Rajan, Commission for Women,
Human Resources x 3410.

**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

MAR 17 AM 10:40
COUNTY OF SANTA BARBARA
CLERK OF SUPERVISORS
BOARD OF SUPERVISORS

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) Commissioner/member 2. Today's Date: March 14, 09

3. NAME: Dawicki Deborah Ann 4. Social Security Number: _____
Last First Middle

5. ADDRESS: 273 Veater Sted 5. Telephone: _____
Number Street Home: 805 6868477
SWang, CA 93463 Business: 805 688479
City Zip Code

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. ED SCAMAN	40 MEDTRONIC NEUROSURGERY	8680329	Business coach
B. Joyce McCullough	40 HABITAT FOR HUMANITY	6922226	Exec. dir. Habitat for Humanity
C. Suzanne Frost	40 SAGE HART POETRY MAGAZINE	2521655	poetry Magazine publisher

8. Are you or have you been employed by the County of Santa Barbara? YES No If YES, list: _____
Department: _____ Title: _____ Dates: _____

9. Please check appropriate boxes: Ethnic or racial identity: White Black (African American) Hispanic Asian/Pacific Islander Native American/Alaskan Native Other (Please specify) Sex: Male Female

10. Education completed: Bachelors of science, CERTIFICATION

11. Indicate supervisor who will receive a copy of this application: N/A

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 have been very involved in the community in Santa Preet Valley and Santa Barbara, President of SVU Tea Club, Regional Director of Women in Technology

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.
Please attached resume

14. SIGNATURE OF APPLICANT [Signature]