

**APPLICATION FOR  
COUNTY OF SANTA BARBARA  
BOARD, COMMISSION OR COMMITTEE**

Return to: Clerk of the Board of Supervisors  
105 E. Anapamu Street, Room 407  
Santa Barbara, CA 93101

DATE RECEIVED

Copy to Supervisor

**Instructions:** Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. **Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.**

**1. APPLYING FOR:** (Use Specific Title of Board, Commission or Committee)

Behavioral Wellness Commission

**2. TODAY'S DATE:**

05/17/18

**3. NAME:**

McLoughlin Kelly Ann  
Last First Middle

**4. E-MAIL ADDRESS:**

**6. ADDRESS:**

Number Street  
City Zip Code

**5. TELEPHONE:**

Home: \_\_\_\_\_  
Business: \_\_\_\_\_

**7. REFERENCES:** Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
Mona Morrisroe			Business Manager
A.J. Cisney			General Manager
Rev. Aidan Peter Rossiter			Pastor

**8. Are you, or have you ever been, employed by the County of Santa Barbara?**

No  Yes - if yes, list below

Department: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):**

Ethnic or Racial Identity:

- White
- African American
- Hispanic
- Asian/Pacific Islander
- Native American/Alaskan Native
- Other (please specify):

Sex:

- Male
- Female

**10. EDUCATION COMPLETED:**

Bachelor's Degree

**11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:**

Supervisor Peter Adam

**12. EXPERIENCE:** Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.

I am interested in serving on this commission for two main reasons:

1. To get involved in making a difference in my community/county by supporting those who face mental illness and the family members who love and support them. I want to help make our county a leader in services, resources and support for those with mental health and mental illness struggles.

**13. ADDITIONAL INFORMATION:** 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 sheets as necessary.

Currently a member of the NCPD (National Catholic Partnership on Disability) Council on Mental Illness.

As a youth minister in a local church over the years I have attended workshops and trainings to increase my awareness of mental health crisis, how to support teens struggling with mental health issues such as self-harm, suicide, bullying, depression, anxiety and more. For over 20 years I taught Health Education classes at Allan Hancock College and kept myself up to date on the latest information in the area of mental health, stress, depression and suicide so I could teach the students the most up to date information.

**14. SIGNATURE OF APPLICANT:**

*Kelly McLoughlin*