

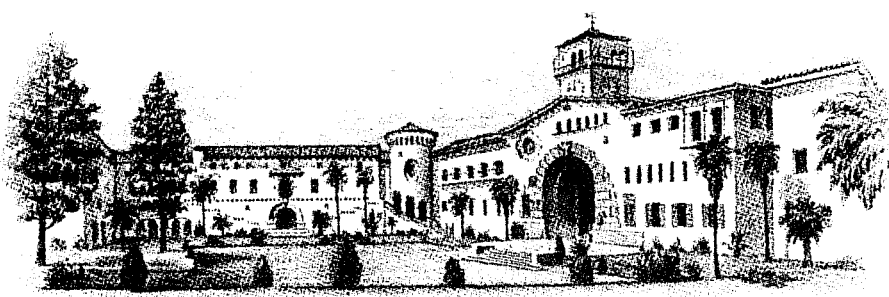
0405-14 11.60248

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@sbcbsos1.org

COUNTY OF SANTA BARBARA

APR 05 2011

Date: March 24, 2011

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

COUNTY OF SANTA BARBARA
CLERK OF SUPERVISORS
2011 MAR 24 PM 10:04

RE: Committee, Commission or Board District Appointment

For placement on the Board of Supervisors agenda for the meeting of: April 5, 2011

I would like to recommend the appointment/ reappointment of the following person to the **Advisory Board on Alcohol and Drug Problems**:

Salutation: Mr Mrs Ms.
Full Name of Appointee: David Novis
Address: 2521 Banner Ave (Box 32)
City/State/Zip: Summerland, CA 93067
Home Phone: 805-969-4154
Work Phone:
E-mail: dnovis@verizon.net

Appointee will represent the First District on this commission.
Position was formerly held by: Art Merovack
 Check box only if this appointment is filling an unexpired vacancy.

First District Supervisor: Salud Carbajal
Signed by: *[Signature]*

COB Information Verification

- Letter of Resignation on file
- Vacancy Notice on file

Term:

- _____ years
- Beginning date _____
- Ending date _____

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
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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) *Advisory Board of Alcohol & Drug Policy* 2. Today's Date: *3/16/11*

3. NAME: *DAVID D Novis* E-MAIL ADDRESS: *dnovis@verizon.net*

Last First Middle

6. ADDRESS: *2521 Brewer Ave Box 32* 5. TELEPHONE: Home: *805-969-4154*
Summerland CA 93067 Business: _____

Number Street 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.	<i>Bob Handy</i>			<i>retired</i>
B.	<i>Salud Carbatal</i>			<i>Superior</i>
C.	<i>Mark Graham</i>			<i>Property Owner</i>

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

9. Please check appropriate boxes (optional):
 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: *MBA*

11. Indicate Supervisor who will receive a copy of this application:

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 Love Volunteering

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
MAR 23 2011
1ST DISTRICT OFFICE

14. SIGNATURE OF APPLICANT
