

Bob Nelson
County Supervisor
Fourth District

Aaron Hanke
District Chief of Staff



BOARD OF SUPERVISORS
Fourth District Office
511 E. Lakeside Parkway
Santa Maria, CA 93455

(805) 346-8407 Santa Maria
(805) 737-7700 Lompoc
(805) 346-8498 FAX

COUNTY OF SANTA BARBARA

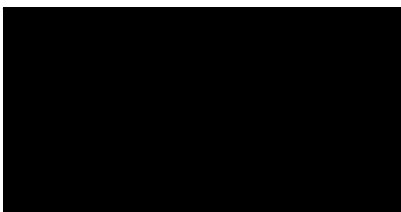

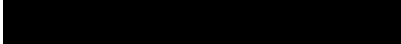
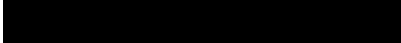
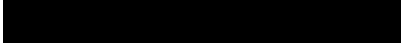
Date: November 18, 2022

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 November 29, 2022

I would like to recommend the appointment/ reappointment of the following person to the: Santa M

Salutation: Mr Mrs Ms.
Full Name of Appointee: John Tunnell
Address: 
City/State/Zip: 
Home Phone: 
Work Phone: 
E-mail: 

Appointee will represent the 4th District on this commission.

Position was formerly held by: John Tunnell

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

District Supervisor: Bob Nelson

Signed by: 

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 _____

**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) Santa Maria Cemetery District, Trustee 2. TODAY'S DATE: 11/18/22

3. NAME: Tunnell John Robert 4. E-MAIL ADDRESS: [REDACTED]
Last First Middle

6. ADDRESS: [REDACTED] 5. TELEPHONE: [REDACTED]
Number Street Home: [REDACTED]
Santa Maria 934555 Business: [REDACTED]
City Zip Code

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
<u>Bob Nelson</u>	[REDACTED]	[REDACTED]	<u>Supervisor</u>
<u>Bob Engel</u>	[REDACTED]	[REDACTED]	<u>contractor</u>
<u>Mark Evans</u>	[REDACTED]	[REDACTED]	<u>insurance broker</u>

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:
High school

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

12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.
I have served as a Trustee on the Santa Maria Cemetery District Board for eight years. I am intimately familiar with the issues facing the cemetery and would like to continue my service with the goal of improving the cemetery.

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.

14. SIGNATURE OF APPLICANT: [Signature]