

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

Date: July 24, 2012

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: **August 14, 2012**

I would like to recommend the following for the appointment / reappointment to the
Advisory Board on Alcohol and Drug Problems

Name of Appointee: **Nancy Jacobs**
Address: **3966 A. Mesa Circle Dr.**
City/State/Zip: **Lompoc, CA 93436**
Home Telephone: **(805) 733-3958**
Work Telephone:
Cell Phone: **(805) 588-5211**
E-mail: **njacobs35@yahoo.com**

Appointee will represent **Third District** on this committee.

Position was formerly held by: **Vacant**

Term expires: **July 1, 2015**

Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Signed By: Stephanie Langsdorf for DF

Clerk of the Board: Please send minute order to Maria Xique (805) 681-5232

| <p align="center">APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE</p> <p align="center">Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101</p> | | <p align="center">DATE RECEIVED</p> | | | | | | | | | | | | | | | | |
|---|---|---|--|---------|------------------|------------|--------------------------|-------------------|-----------------------|--|-----------------------------|---|-----------------|---------------------|-----------|--|--|--|
| | | <input type="checkbox"/> Copy to Supervisor | | | | | | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | | | | | | |
| <p>1. APPLYING FOR: (Use specific title) <i>Advisory Board on Alcohol and Drug Problems</i></p> | | <p>2. Today's Date: <i>7-8-09</i></p> | | | | | | | | | | | | | | | | |
| <p>3. NAME: <i>Jacobs Nancy Lee</i></p> | | <p>4. E-MAIL ADDRESS: <i>njacobs35@yahoo.com</i></p> | | | | | | | | | | | | | | | | |
| <p>6. ADDRESS: <i>3966 A Mesa Circle Dr. Lompoc, CA 93436</i></p> | | <p>5. TELEPHONE: Home: <i>(805) 733-3958</i> Cell: <i>(805) 588-5211</i></p> | | | | | | | | | | | | | | | | |
| <p>7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>ADDRESS</th> <th>TELEPHONE NUMBER</th> <th>OCCUPATION</th> </tr> </thead> <tbody> <tr> <td><i>A. Marcell Brooks</i></td> <td><i>Lompoc, CA</i></td> <td><i>(805) 733-3462</i></td> <td><i>Ret. Teacher Planning Comm.</i></td> </tr> <tr> <td><i>B. Dr. Chris Matsich</i></td> <td><i>S.B. Co. Mental Health Santa Maria</i></td> <td><i>934-6380</i></td> <td><i>Psychologist</i></td> </tr> <tr> <td><i>C.</i></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NAME | ADDRESS | TELEPHONE NUMBER | OCCUPATION | <i>A. Marcell Brooks</i> | <i>Lompoc, CA</i> | <i>(805) 733-3462</i> | <i>Ret. Teacher Planning Comm.</i> | <i>B. Dr. Chris Matsich</i> | <i>S.B. Co. Mental Health Santa Maria</i> | <i>934-6380</i> | <i>Psychologist</i> | <i>C.</i> | | | |
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| <i>C.</i> | | | | | | | | | | | | | | | | | | |
| <p>8. Are you or have you been employed by the County of Santa Barbara? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No IF YES, list: Department: <i>Alcohol Drug & Mental Health</i> Title: <i>Patient Representative</i> From: <i>Dec 1993</i> To: <i>Dec 2006</i></p> | | | | | | | | | | | | | | | | | | |
| <p>9. Please check appropriate boxes (optional):</p> <p>Ethnic or racial identity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (Please specify)</p> | | <p>10. Education completed: <i>M.S. Counseling</i></p> | | | | | | | | | | | | | | | | |
| | | <p>11. Indicate Supervisor who will receive a copy of this application: <i>Doreen Farr, 3rd District Supervisor</i></p> | | | | | | | | | | | | | | | | |
| <p>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>I feel I can help the clients of S.B. Co. ADMHS as I was employed by ADMHS for 13 years and interacted with clients daily as well as the Superior Court while working with Prop. 36.</i></p> | | | | | | | | | | | | | | | | | | |
| <p>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. <i>I have a teaching credential as well as a M.S. in Counseling Psychology. My vast experience working in Santa Barbara for ADMHS as well as in the Santa Maria Clinic has given me insight into client issues as well as administrative issues.</i></p> | | | | | | | | | | | | | | | | | | |
| <p>14. SIGNATURE OF APPLICANT <i>Nancy Jacobs</i></p> | | | | | | | | | | | | | | | | | | |

CLB-1 (REV.200)