

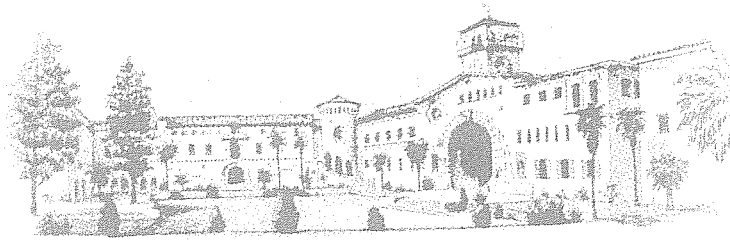
0105-12 10-00018

JANET WOLF
County Supervisor, Second District

MARY E. O'GORMAN
Chief of Staff

KARIN QUIMBY
Executive Field Representative

JANE S. FERRY
Office Manager



BOARD OF SUPERVISORS
105 East Anapamu Street, 4th Floor
Santa Barbara, California 93101

TELEPHONE: (805) 568-2191
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E-mail: jwolf@sbcbos2.org
www.countyofsb.org/bos/wolf

SANTA BARBARA COUNTY

JAN 05 2010

Date: December 4, 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: **January 5, 2010**

Re: **Community Health Center Board**

I would like to recommend the following for the **appointment** to subject Committee, Commission or Board:

Full Name of Appointee: **Mr. Alexander "Skip" Szymanski**

Address: **1923 Mountain Drive**

City: **Santa Barbara** State: **CA** Zip: **93101** Salutation: **Mr.**

E-mail: **sszymanski@hacsb.org**

Work Telephone: **(805) 897-1062** Home Telephone: **(805) 682-0318**

Appointee will represent the **2nd District** on this commission.

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

Position was formerly held by: **NONE – First Appointee**

Position start: **01/05/2010**

Term end: **1/05/2013**

Second District Supervisor Janet Wolf

Signed By: *Janet Wolf*

Please mail a copy of the minute order to:

**Elizabeth Snyder, MHA
Public Health Department
Primary Care and Family Health**

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								
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) Community Health Center Board	2. Today's Date: 11-23-2009								
3. NAME: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;">Szymanski</td> <td style="text-align: center; width: 33%;">Alexander</td> <td style="text-align: center; width: 33%;">"Skip"</td> </tr> <tr> <td style="text-align: center; font-size: small;">Last</td> <td style="text-align: center; font-size: small;">First</td> <td style="text-align: center; font-size: small;">Middle</td> </tr> </table>	Szymanski	Alexander	"Skip"	Last	First	Middle	4. E-MAIL ADDRESS: sszymanski@hacsb.org		
Szymanski	Alexander	"Skip"							
Last	First	Middle							
6. ADDRESS: <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">1923 Mountain Avenue</td> </tr> <tr> <td style="text-align: center; font-size: small;">Number</td> <td style="text-align: center; font-size: small;">Street</td> </tr> <tr> <td style="text-align: center;">Santa Barbara</td> <td style="text-align: center;">93101</td> </tr> <tr> <td style="text-align: center; font-size: small;">City</td> <td style="text-align: center; font-size: small;">Zip Code</td> </tr> </table>	1923 Mountain Avenue		Number	Street	Santa Barbara	93101	City	Zip Code	5. TELEPHONE: Home: 805-682-0318 Business: 805-897-1062
1923 Mountain Avenue									
Number	Street								
Santa Barbara	93101								
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. Robert Pearson	c/o 808 Laguna Street	805-897-1025	Executive Director						
B. Annmari Cameron	c/o 617 Garden Street	805-884-8440	Executive Director						
C. Kathleen Baushke	c/o 425 East Cota Street	805-966-9668	Executive Director						
8. Are you or have you been employed by the County of Santa Barbara? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No If YES, list: Department: _____ Title: _____ Date: _____									
9. Please check appropriate boxes (optional): 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)		10. Education completed: Associates Degree & Juris Doctor 11. Indicate Supervisor who will receive a copy of this application: Supervisor Janet Wolf							
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. <p style="text-align: center;">I would be pleased to serve our community and its residents to best apply the Community Health Center services. My current position with the Housing Authority provides me with experience in serving individuals in need of housing and health needs.</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. <p style="text-align: center;">I have been employed with the Housing Authority for 15 years service in a management capacity. I am currently the Deputy Executive Director/COO. I oversee the property & development, housing management, and resident services. I am on the Friendship Manor Senior Apartments Board and the County Affordable Housing Loan Committee. I am generally familiar with community needs and with formal committee and board processes and procedures.</p>									
14. SIGNATURE OF APPLICANT <div style="text-align: right;"> 11-23-09 </div>									