

JANET WOLF
County Supervisor, Second District

MARY E. O'GORMAN
Chief of Staff

KARIN QUIMBY
Executive Field Representative

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Office Manager



BOARD OF SUPERVISORS
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SANTA BARBARA COUNTY

Date: 6/24/09

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: **7/7/09**

I would like to recommend the **reappointment** of the following person to the **Human Services Commission**:

Salutation:	Mr.
Full Name of Appointee:	Richard Jenkins
Address:	249 Old Ranch Road
City/State/Zip:	Santa Barbara, CA 93117
Home Phone:	805-685-4868
Work Phone:	Not given
E-mail:	richard.jenkins@sa.ucsb.edu

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

Position was formerly held by: **Susan Kohl**

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

Appointment Expires on 7/1/2012

Second District Supervisor: Janet Wolf

Signed by: *Janet Wolf*

Please distribute minute orders to:

Jane Ferry, 2nd Dist BOS

Nancy Madsen, Director, Human Services, Public Health Department

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE Return to: Clerk, Board of Supervisors County Administration Building 105 E. Argosy 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) Human Services Commission		2. Today's Date: 1-24/2007		
3. NAME: Richard Jenkins		4. E-MAIL ADDRESS: Richard.Jenkins@sa.ucsb.edu		
6. ADDRESS: 249 Old Ranch Dr. Goleta 93117		5. TELEPHONE: Home: 685-4868 Business:		
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.	Nancy Madson	300 San Antonio Rd Building 1	681-4078	Director of Human Services
B.	Michael Harris	Santa Barbara, CA 93110	681-5214	Director Health and Human Services
C.				
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 type="checkbox"/> White <input checked="" 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: Two Masters Degrees	
			11. Indicate Supervisor who will receive a copy of this application: Firestone	
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 want to support non-profit organizations that Health and Human Services provide grants to on an annual bases.				
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 served on this commission for six years and also chaired it.				
14. SIGNATURE OF APPLICANT x <i>Richard Jenkins</i>				