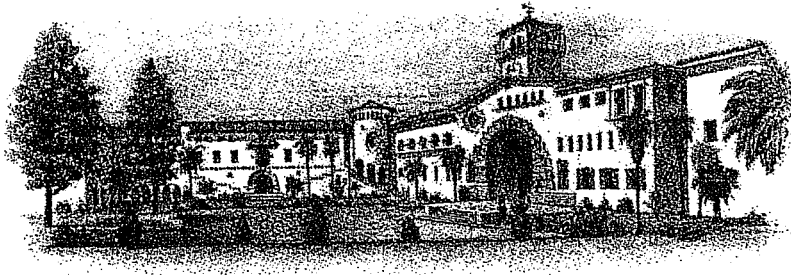


DOREEN FARR
Third District Supervisor



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: March 3, 2011

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: **March 15, 2011**

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

Name of Appointee: **Christine "Chris" Burtness**
Address: **P.O. Box 359**
City/State/Zip: **Santa Ynez, CA 93460**
Home Telephone: **805-688-1397**
Work Telephone: **805-550-2509**
Cell Phone:
E-mail: **chrisburtness@hotmail.com**

Appointee will represent **Third District** on this committee.
Position was formerly held by: vacant
Term expires: **3/1/2014**

Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Signed By: *Nate Post* for D.F.

Clerk of the Board: Please send minute order to Nate Post, Alcohol, Drug and Mental Health Department x5220.

ATTN: Stephanie

<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> <p><input type="checkbox"/> Copy to Supervisor</p>																
<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) <u>Advisory Bd Alcohol & Drug Problems</u></p>		<p>2. Today's Date: <u>2/14/11</u></p>																
<p>3. NAME: <u>Burtness Chris D</u></p> <p align="center"><small>Last First Middle</small></p>		<p>4. E-MAIL ADDRESS: <u>Chrisburtness@hotmail.com</u></p>																
<p>6. ADDRESS: <u>P.O. Box 359</u></p> <p align="center"><small>Number Street</small></p> <p><u>Santa Ynez, CA. 93460</u></p> <p align="center"><small>City Zip Code</small></p>		<p>5. TELEPHONE:</p> <p>Home: <u>805-688-1397</u></p> <p>Business: <u>805-550-2509</u></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>A. <u>Paul Turnbull</u></td> <td></td> <td><u>688-6487</u></td> <td><u>Superintendent SYVUHS</u></td> </tr> <tr> <td>B. <u>Marr Parsons</u></td> <td></td> <td><u>934-5231</u></td> <td><u>Pharmacist</u></td> </tr> <tr> <td>C. <u>Kyle Abello</u></td> <td></td> <td><u>331-3009</u></td> <td><u>Quezon Recreation Director</u></td> </tr> </tbody> </table>			NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	A. <u>Paul Turnbull</u>		<u>688-6487</u>	<u>Superintendent SYVUHS</u>	B. <u>Marr Parsons</u>		<u>934-5231</u>	<u>Pharmacist</u>	C. <u>Kyle Abello</u>		<u>331-3009</u>	<u>Quezon Recreation Director</u>
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<p>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: _____</p>																		
<p>9. Please check appropriate boxes (optional):</p> <p>Ethnic or racial identity:</p> <p><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>Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female</p>		<p>10. Education completed: <u>Teaching Credential</u></p> <p>11. Indicate Supervisor who will receive a copy of this application: <u>Retired</u></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.</p> <p><u>20 yr. SYVUHS Science Teacher</u> <u>Current SYVUHS Trustee</u></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.</p> <p><u>I am very concerned with the increased illegal drug activity in our area</u></p>																		
<p>14. SIGNATURE OF APPLICANT</p> <p align="center">x <u>Christine Burt</u></p>																		