

Peter Adam
Fourth District Supervisor



Fourth District Office
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COUNTY OF SANTA BARBARA

Date: February 5, 2020

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:
February 25, 2020

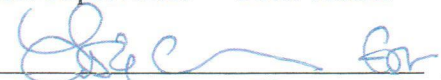
I would like to recommend the appointment/ reappointment of the following person to the:
BeWell Commission

Salutation: Mr Mrs Ms.
Full Name of Appointee: Julia Lara
Address:
City/State/Zip:
Home Phone:
Work Phone:
E-mail: jlara1054@gmail.com

Appointee will represent the Fourth District on this commission until December 31, 2020.

Position was formerly held by:
 Check box only if this appointment is filling an unexpired vacancy.

Fourth District Supervisor: Peter Adam

Signed by:  for
Supervisor Peter Adam

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)
Behavioral Wellness Commission

2. TODAY'S DATE:
August 20, 2019

3. NAME:
Lara Julia
Last First Middle

4. E-MAIL ADDRESS:

6. ADDRESS:
Number Street
City Zip Code

5. TELEPHONE:
Home: _____
Business: _____

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
James McKarrell	SB Sheriff		SB Sherriff Deputy
George Thurlow	UCSB		Assistant Vice Chancellor
Ana Maya	Isla Vista Youth Projects		Family Advocate

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:
Bachelor of Arts

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:
Peter Adam

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 previously served on the commission under supervisor Hartman. I am committed to being a voice for the many individuals in our county who's voices are not heard. Our county continues to be in need of strong mental health services including resource alignment with community based organizations.

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.

Experience on BeWell Commission
Director of Programs at the Foodbank of Santa Barbara County
Past board member of Goleta Valley Community Center

14. SIGNATURE OF APPLICANT: 