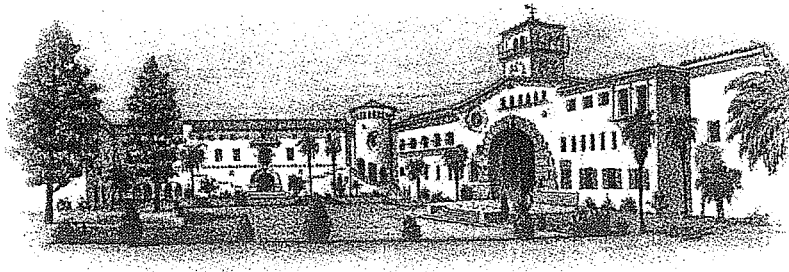


0525.16 10.00470
DOREEN FARR
Third District Supervisor



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

A-26

MAY 25 2010

Date: May 13, 2010

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: **May 25, 2010**

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

Name of Appointee: **Les Jones**
Address: **2995 Calle Bonita**
City/State/Zip: **Santa Ynez, CA 93460**
Home Telephone: **(805) 688-3163**
Work Telephone: **(805) 680-1334**
Cell Phone:
E-mail: **lsnjones@aol.com**

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

Position was formerly held by:

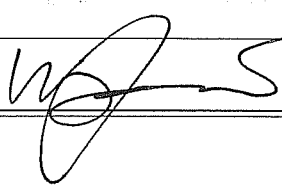
Term expires: **May 31, 2013**

☐ 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 Nate Post at 805-681-5220 and Maria Xique at 681-5232.

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) <u>Drug & Alcohol Advisory Board</u>	2. Today's Date: <u>4.13.10</u>																
3. NAME: <u>Jones</u> <u>Les</u> <small>Last First Middle</small>	4. E-MAIL ADDRESS: <u>LSNJONES@aol.com</u>																
6. ADDRESS: <u>2995 CALLE BONITA</u> <small>Number Street</small> <u>SANTA YNEZ, Ca</u> <u>93460</u> <small>City Zip Code</small>	5. TELEPHONE: Home: <u>805.688.3163</u> Business: <u>805.680.1334</u>																
7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 25%;">ADDRESS</th> <th style="width: 25%;">TELEPHONE NUMBER</th> <th style="width: 25%;">OCCUPATION</th> </tr> </thead> <tbody> <tr> <td>A. <u>JOEL MORTON</u></td> <td><u>AUSOL Rd. SOLVANG</u></td> <td><u>626.786.7174</u></td> <td><u>M.D.</u></td> </tr> <tr> <td>B. <u>BOB DOWNES</u></td> <td><u>SANTA YNEZ</u></td> <td><u>805.260.4699</u></td> <td><u>Salesman</u></td> </tr> <tr> <td>C. <u>DONNA GONERA</u></td> <td><u>SANTA BARBARA</u></td> <td><u>805.965.0991</u></td> <td><u>Psychologist</u></td> </tr> </tbody> </table>		NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	A. <u>JOEL MORTON</u>	<u>AUSOL Rd. SOLVANG</u>	<u>626.786.7174</u>	<u>M.D.</u>	B. <u>BOB DOWNES</u>	<u>SANTA YNEZ</u>	<u>805.260.4699</u>	<u>Salesman</u>	C. <u>DONNA GONERA</u>	<u>SANTA BARBARA</u>	<u>805.965.0991</u>	<u>Psychologist</u>
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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) _____ Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10. Education completed: <u>MASTERS Clinical Psychology</u> 11. Indicate Supervisor who will receive a copy of this application: <u>DOREEN FARR</u>																
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. <u>20+ years as a Treatment Professional in addiction medicine & Treatment. Interested in Research Based treatment outcomes. ESTABLISHING TREATMENT OUTCOME ACCOUNTABILITY. TREATMENT MATCHING.</u>																	
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. <u>• Chemical Dependency Specialist</u> <u>• Solvang Viking</u> <u>• College Instructor</u> <u>• Personal Recovery</u> <u>• Exp. in Both Non-Profit & For Profit Milieus</u>																	
14. SIGNATURE OF APPLICANT <div style="text-align: center;">  </div>																	