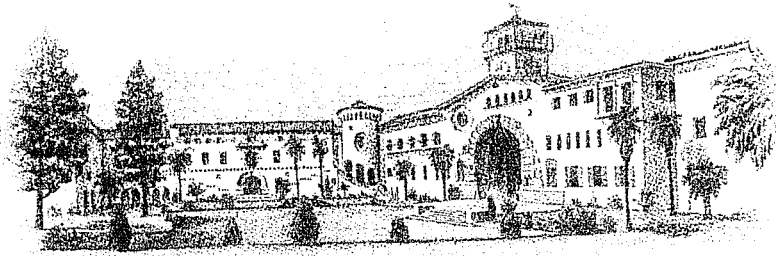


DOREEN FARR
Third District Supervisor



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

A-36

COUNTY OF SANTA BARBARA

2011 NOV 30 PM 2:35
COUNTY OF SANTA BARBARA
OFFICE OF THE
THIRD DISTRICT SUPERVISOR

Date: November 30, 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: **December 3, 2011**

I would like to recommend the following for appointment / reappointment to the
CenCal Health Board of Directors

Name of Appointee: **Dan Herlinger**
Address: **15 Camino Verde**
City/State/Zip: **Santa Barbara, CA 93103**
Home Telephone: **805-966-7697**
Work Telephone:
Cell Phone: **herlinger@cox.net**
E-mail:

Appointee will represent **Third District** on this committee.
Position was formerly held by:
Term expires: **December 31, 2013**

Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Signed By: Stephanie Langsdorf on behalf of DF

Clerk of the Board: Please send minute order to Robert S. Freeman, CEO CenCal Health, at 4050 Calle Real, Santa Barbara CA 93110, 805-685-9525.

<p>APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE</p> <p>Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101</p>	<p>DATE RECEIVED</p> <p><input type="checkbox"/> Copy to Supervisor</p>
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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)	2. Today's Date:
CenCal Health Board of Directors	<i>November 11, 2011</i>

3. NAME:	4. E-MAIL ADDRESS:
<i>Herlinger Daniel Robert</i>	<i>herlinger@cox.net</i>
Last First Middle	

6. ADDRESS:	5. TELEPHONE:
<i>15 Camino Verde</i>	Home: <i>805 966-7697</i>
Number Street	Business: _____
<i>Santa Barbara, CA 93103</i>	
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. <i>Anthony Pappa</i>	<i>68 Alameda Pache Sonre Santa Barbara</i>	<i>966-2152</i>	<i>Corporate CEO</i>
B. <i>John Wigle</i>	<i>1123 Camino Viejo Santa Barbara</i>	<i>452-4393</i>	<i>Insurance Executive</i>
C. <i>Edward Steinfeldt</i>	<i>250 Calle Esperanza Santa Barbara</i>	<i>962-6868</i>	<i>Healthcare Consultant</i>

8. Are you or have you been employed by the County of Santa Barbara? YES No If YES, list:

Department: _____ Title: _____ Date: _____

<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:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>10. Education completed:</p> <p style="text-align: center;"><i>MBA Healthcare Administration</i></p> <p>11. Indicate Supervisor who will receive a copy of this application:</p> <p style="text-align: center;"><i>Doreen Farr</i></p>
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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.

Thirty five years as healthcare executive, advisor, & consultant. See attached sheets

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.

See attached sheets

Daniel R. Healy _____

14. SIGNATURE OF APPLICANT