DOREEN FARRThird 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-38

Date: November 30, 2011

Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara CA 93101 WANTY OF SAVIA PAPERADA OLEK OF THE OLEK OF THE

For placement on the agenda for the meeting of: December 3, 2011

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

Name of Appointee: Laurie Small

Address: 1401 La Cima Road

City/State/Zip: Santa Barbara, CA 93105

Home Telephone: **805-866-2893**Work Telephone: **805-897-7624**

Cell Phone: Ismall@frontporch.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: Stephand, Languaged on behalf of OF

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.

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

year of eligibility. Please print in ink or type.

□ Copy to Supervisor

DATE RECEIVED

Santa Barbara, CA 93101

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per ap-

plication 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

1. APPLYING FOR: (Use specific title) 2. Today's Date: CenCal Health Board of Directors 3, NAME: Zip Code 7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities. OCCUPATION 9940 Creek Rd. Oak Valu 205-649 Camino Vende SA 805-966 8. Are you or have you been employed by the County of Santa Barbara? TYES 🕱 No If YES, list: Department: Date: 10. Education completed: 9. Please check appropriate boxes (optional): Ethnic-or racial identity: Kachelo of AVI Sex: **⊉** White □ Male ☐ Black (African American) **1** Female 11. Indicate Supervisor who will receive a copy of this application: ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American/Alaskan Native ☐ Other (Please specify) 12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for My previous term on the Cental Board tant the Mission, of Cen-C 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. Lan the Executive Director of a continuing Care Re-Attach additional sheets as necessary. tirement Community Health Services Bio-Ethics Committee, am a Board Member of the Alliance for Living & Dyingwell a member of the Leading Age and Aging Sen Santa Zasbana. All of these - activities complement in Lommunity and 14. SIGNATURE OF APPLICANT