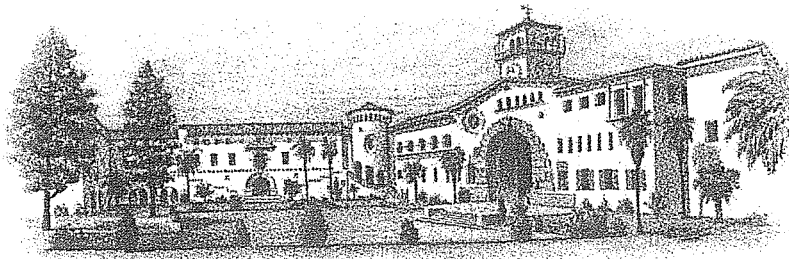


DOREEN FARR
Third District Supervisor



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-17

Date: July 23, 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: **August 3, 2010**

I would like to recommend the following for the appointment / reappointment to the
Human Services Commission

Name of Appointee: **Patricia Simon**
Address: **905 Croft Lane**
City/State/Zip: **Solvang, CA 93463**
Home Telephone: **805-688-9958**
Work Telephone:
Cell Phone: **805-350-0800**
E-mail:

Appointee will represent **Third District** on this committee.
Position was formerly held by: **Lynn Schiffmacher**
Term expires: **June 30, 2013**

Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Signed By: _____

Clerk of the Board: Please send minute order to Nancy Madsen, Public Health
805-681-4078.

**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

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) HUMAN SERVICES Commission 2. Today's Date: 6-2-09

3. NAME: SIMON PATRICIA JUDITH 4. E-MAIL ADDRESS: PRSIMON419@GMAIL.COM
Last First Middle

6. ADDRESS: 905 CROFT LANE 5. TELEPHONE: 6889958
Number Street Home:
SOLVANO CA 93403 cell 3500800
City Zip Code Business:

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
DEAN PALIUS	PEOPLE HELPING PEOPLE	6860295	EXEC DIR.
MICHAEL BARABAN	243 N. REFUGIO ST. Y 93400	6882778	RETIRED
ELIZABETH FARROW	POBx 313 LOS OLIVOS 93441	6864005	DIST REP FOR JOREEN FARR

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

9. Please check appropriate boxes: (optional):
 Ethnic or racial identity:
 White
 Black (African American)
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (Please specify)

10. Education completed: MA - Clinical Psychology
 11. Indicate Supervisor who will receive a copy of this application: JOREEN FARR

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.
I have been a licensed Marriage & Fam. Therapist for 25 years. I also have a rich background of business experience & several years serving on Non Profit

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.
Agency Boards. I have closed my practice & am looking to remain involved with agencies geared towards social & community betterment. Please see attached CV for a complete profile of history & experience.

14. SIGNATURE OF APPLICANT [Signature]