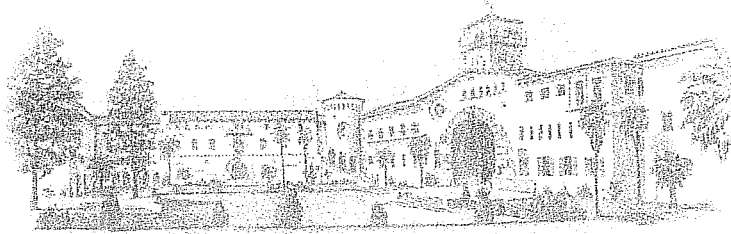


JANET WOLF
County Supervisor, Second District

MARY E. O'GORMAN
Chief of Staff

JANE S. FERRY
Office Manager

HILARY R. CAMPBELL
Board Administrative Assistant



BOARD OF SUPERVISORS

105 East Anapamu Street, 4th Floor
Santa Barbara, California 93101

TELEPHONE: (805) 568-2191

FAX: (805) 568-2283

E-mail: jwolf@sbcbos2.org

www.countyofsb.org/bos/wolf

SANTA BARBARA COUNTY

Date: **September 8, 2010**

**Clerk of the Board of Supervisors
County of Santa Barbara
105 East Anapamu Street
Santa Barbara, CA 93101**

2010 SEP --8 AM 9:10
COUNTY OF SANTA BARBARA
CLERK OF THE
BOARD OF SUPERVISORS

For placement on the agenda for the meeting of: **September 21, 2010**

Re: **Advisory Board on Alcohol and Drug Problems**

I would like to recommend the following for the **appointment** to subject Committee, Commission or Board:

Full Name of Appointee: **Robert James Trimble**

Address: **411 Terrace Rd.** E-mail: **bob@bobtrimble.net**

City: **Santa Barbara** State: **CA** Zip: **93109** Salutation: **Mr.**

Telephone: **(805) 966-9836**

Appointee will represent **Second District** on this commission.

Position was formerly held by: **Jayne Brechwald**

Appointment Expires on: **5/1/2013**

Second District Supervisor Janet Wolf

Signed By: *Janet Wolf*

Clerk of the Board: Please send minute order to:

- 1) **John Doyel, Interim Program Manager, ADP**
- 2) **Robert Trimble., See address above.**
- 3) **Jane Ferry, Second District Office**

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: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> OFFICE 8/26/2010 </div> <input checked="" type="checkbox"/> Copy to Supervisor
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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) <u>PROBLEMS</u> <u>ALCOHOL AND DRUG ADVISORY BOARD</u>	2. Today's Date: <u>8/26/2010</u>
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3. NAME: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <u>TRIMBLE</u> <small>Last</small> <u>ROBERT</u> <small>First</small> <u>JAMES</u> <small>Middle</small> </div>	4. E-MAIL ADDRESS: <u>rob@robtrimble.net</u>
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6. ADDRESS: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <u>411</u> <small>Number</small> <u>TERIZALE RD</u> <small>Street</small> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <u>SANTA BARBARA</u> <small>City</small> <u>93109</u> <small>Zip Code</small> </div>	5. TELEPHONE: Home: <u>(805) 966-9836</u> Business: <u>(805) 252-2840</u>
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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. <u>JOHN RICHARD</u>	<u>ADVISORY BOARD MEMBER</u>	<u>403-4433</u>	<u>MORTGAGE FINANCE</u>
B. <u>STAN SPELL</u>	<u>COTTAGE HOSP.</u>	<u>687-6681</u>	<u>CLINICAL DIRECTOR</u>
C. <u>JOHN DOYLE</u>	<u>COUNTY ADMHS</u>	<u>681-4907</u>	<u>PROGRAM MGR.</u>

8. Are you or have you been employed by the County of Santa Barbara? ☒ YES ☐ No. If YES list SDP
 Department: SHERIFFS DEPT. Title: SUPERVISOR Date: RETIRED MARCH 09

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)	10. Education completed: <u>MASTERS DEGREE</u> 11. Indicate Supervisor who will receive a copy of this application: <u>SUPERVISOR WOLF</u>
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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.
EXECUTIVE DIRECTOR - SGBHNG CENTER
FACULTY - ALC PROGRAM CITY COLLEGE
SUPERVISED SHERIFFS TREATMENT PROGRAM 12yrs
COUNSELOR CADA - 94-96
SGBHNG 20 yrs

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.

14. SIGNATURE OF APPLICANT