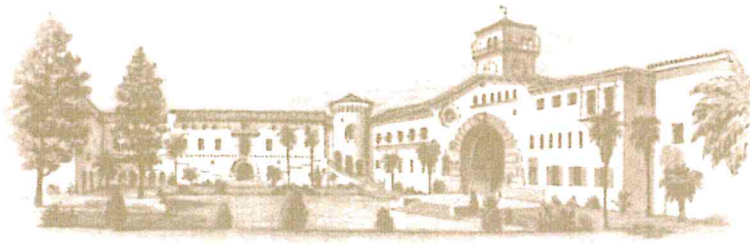


STEVE LAVAGNINO
County Supervisor
Fifth District
steve.lavagnino@countyofsb.org

CORY BANTILAN
Chief of Staff
cory.bantilan@countyofsb.org



SANDY AGALOS
Administrative Assistant
sandy.agalos@countyofsb.org

YESENIA CUEVAS
Administrative Assistant
yesenia.cuevas@countyofsb.org

COUNTY OF SANTA BARBARA

Date: 1/13/22

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

RE: Appointment of Amanda Elaine Kirk

For placement on the Board of Supervisors agenda for the meeting of: January 25, 2022.

I would like to recommend the appointment of the following person to the Behavioral Wellness Commission:

Amanda Elaine Kirk

Appointee will represent the Fifth District on this commission.

Term Expires:
January 13, 2025

Fifth District Supervisor: Steve Lavagnino

Signed by:  _____

COB Information Verification

Letter of Resignation on file

Vacancy Notice on file

Term:

_____ years

Beginning date _____

Ending date _____

**APPLICATION FOR
COUNTY OF SANTA BARBARA
BOARD, COMMISSION OR COMMITTEE**

Return to: Clerk of the Board of Supervisors
105 E. Anapamu Street, Room 407
Santa Barbara, CA 93101

DATE RECEIVED

Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one p application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board Supervisors. Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)
Santa Barbara County TAY Board Commission

2. TODAY'S DATE:
1/26/2021

3. NAME:
Kirk Amanda Elaine
Last First Middle

4. E-MAIL ADDRESS:
[REDACTED]

6. ADDRESS:
[REDACTED]
Number Street
Goleta 93117
City Zip Code

5. TELEPHONE:
Home: [REDACTED]
Business: _____

7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
Vanessa Ramos		[REDACTED]	MHSA Innovations: Help@Hand Project Bilingual Health Care Coordinato
Lindsay Waltor		[REDACTED]	MHSA Chief
Edwin Feliciano		[REDACTED]	Psychiatrist

8. Are you, or have you ever been, employed by the County of Santa Barbara? No Yes - if yes, list below
Department: **BWell** Title: **Regional Tech Embasitor/ Peer specialist/H@H** Date: **2019-Present**

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):
Ethnic or Racial Identity:
 White
 African American
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (please specify):
Sex:
 Male
 Female

10. EDUCATION COMPLETED:
High School/some college

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:
Greg Heart

12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.
Please see attachment

13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.
Please see attachment

14. SIGNATURE OF APPLICANT: *Amanda Kirk*