STEVE LAVAGNINO

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SANTA BARBARA COUNTY

Date: September 19, 2012

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

RE: Committee, Commission or Board District Appointment

For placement on the agenda for the meeting of: October 2, 2012

	appointment/ reappointment of the Board on Alcohol and Drug Problems			
Salutation:	☐Mr. ☐ Mrs. ☐Ms.			
Full Name of Appointee:	Elizabeth Ann Holly			
Address:	1761 Crabtree Court			
City/State/Zip:	Santa Maria, CA 93454			
Home Phone:	(805) 904-3985			
Work Phone:	(805) 347-0058			
E-mail:	lholly@csimail.org			
Appointee will represent the Fifth District on this commission. Position was formerly held by: Check box only if this appointment is filling an unexpired vacancy.				
Fifth District Supervisor: Steve	Lavagnino			
Signed by:				

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.	ny. Aner one yea	i it is necessary to	tile a new application for an	other	
1. APPLYING FOR: (Use specific title) Adv. Sory Board on Alcohol +	Drug F	Problems	2. Today's Date:		
3. NAME:	Crug 1	4. E-MAILADDF	RESS:		
Holly Eligabeth Ann		Inolly	ocsimal.or	g	
6. ADDRESS:		5. TELEPHONE		<u> </u>	
1761 Craptree Court)904-3985		
Sounta Maria 177 93	1454		5)347-0058		
City	Zip Code				
 References: Give names and addresses of three persons, not relat nity involvement, and abilities. 	tives, who have k	nowledge of your	character, experience, comm	iu-	
NAME ADDRESS	TELEF	HONE NUMBER	OCCUPATION		
"Chuck mclain Carpenteria,	, CA 805)	452-9111	Supervisor SB STP		
B. Mark Mahurin Orcutt, CF.	805)	331-4551	Lieuteriant	Shoriff	
c. Sylvia Barnard Santa ma	na 805) <i>3</i> 31-08	77 DiRicto	Rolling	
8. Are you or have you been employed by the County of Santa Barbara	a? 🛘 YES 🖷	No If YES, list:	2-0 00111	Shelter	
Department:	Title: _		Date:		
9. Please check appropriate boxes (optional): Ethnic or racial identity: White White Male		completed:			
		A			
☐ Black (African American) ☐ Female ☐ Hispanic	emale ————		ceive a copy of this application		
☐ Asian/Pacific Islander		_	ceive a copy of this application	on:	
☐ Native American/Alaskan Native ☐ Other (Please specify)	araj	Guys	guy Ocsim	rail.org	
12. EXPERIENCE: Please explain why you are interested in serving ar which you are applying.	nd what experience	ce you bring to the			
the Drug+alcohol community. I am aware					
on the resources in Santa Barbara County					
along with what programs are penificial to the					
awrig wert with people in need.					
13. ADDITIONAL INFORMATION: Give any information explaining your qualifications experience training education valuation activities					
community organization memberships, or personal interests that bear of	on your applicatio	n for above Board	Commission, or Committee	~ 0.0	
I have a MBA but.	have	-4) FUREC	1 20 year	2	
in the area of Social Work. I deal daily					
with dual diagnosed clients. I understand					
coppans along with legal issues.					
To also work closely with the home less!					
oxyllation and have worked with both adults					
I have a men but have worked aduly in the area of Social work. I deal daily with dual diagnosed clients. I understand programs along with legal issues. I also work closely with the home less population and howe worked with both adults and gouth dealing with addiction. I paulitated with dealing with addiction. I paulitated with dealing with addiction.					
addiction + batterers	group	s.in.	Fresno Cou	nteg.	
14 SIGNATURE OF APPLICANT	0			(\	

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