OREEN FARR 1 bird District Supervisor



COUNTY OF SANTA BARBARA

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

Date: August 12, 2009

Name of Appointee:

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 25, 2009

Julie Kessler Solomon

6238 Covington Way

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

Address:	6238 Covington Way		
City/State/Zip:	Goleta CA 93117		
Home Telephone:	805-683-3722		
Work Telephone:			
Cell Phone:	805-403-6020		
E-mail:	Juliekessler@earthlink.net		
Appointee will represent Third District on this committee.			
Position was formerly held by: Vacant			
Term expires:	June 30, 2012		
Check only if this appointment is filling an unexpired vacancy.			
Third District Supervisor Doreen Farr			
Signed By:			
<u> </u>			
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.

year or engining. Prease print in ink or type.			
1. APPLYING FOR: (Use specific title) HUMON SERVILES COMP	1:5 Fra	2. Today's Date:	
3. NAME: Kegglev Solvan Jahre Last First Middle	4. E-MAIL ADDRE	rearthline, Net	
6. ADDRESS:	5. TELEPHONE:		
6239 Covington Why Street	Home: 805-	683-3722	
Goleix 93117	Business: 005	-403-6020	
7. References: Give names and addresses of three persons, not relatives, who have knity involvement, and abilities. NAME ADDRESS TELEF	nowledge of your ch	aracter, experience, commu-	
"George Relles Veider Mr. Gobos 21 BRaph: Star Cohen 1000 Fan Austonit Gen	5-3579 0		
B. Kappi Ster Cohen 1000 Fan Autorio Green	- 964-1	169 Clergy	
c.		71	
8. Are you or have you been employed by the County of Santa Barbara? YES Title:		Date:	
		P000,	
Ethnic or racial identity: White	juniness come la	u school	
☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American/Alaskan Native ☐ Other (Please specify) ☐ Over	_	eive a copy of this application:	
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.			
please see attached			
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.			
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please see atta	chel	-	
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14. SIGNATURE OF APPLICANT X Mul A. Kesslu Salinou			