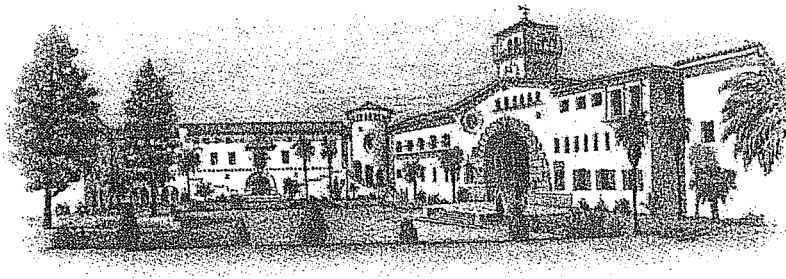


DOREEN FARR  
Third District Supervisor



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-27

Date: October 27, 2009

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: November 10, 2009

I would like to recommend the following for the appointment / **reappointment** to the  
**Historic Landmarks Advisory Committee**

Name of Appointee: **Geraldine Shepherd**  
Address: P.O. Box 30 1400 Highway 154  
City/State/Zip: Santa Ynez Ca, 93460  
Home Telephone: 805-688-3120  
Fax: 805-688-0505  
Cell Phone: 805-588-1066  
E-mail: [shepherd@west.net](mailto:shepherd@west.net)

Appointee will represent **Third District** on this committee.  
Position was formerly held by:  
Term expires: **December 31, 2012**

Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Signed By: Steph Langsdorf for Doreen Farr

**Clerk of the Board:** Please send minute order to Mary Pat Barry 805-568-2950

**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

FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_  
 Date Reviewed: \_\_\_\_\_  
 Reviewed by: \_\_\_\_\_

**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) MEMBER - 3<sup>RD</sup> DISTRICT HISTORIC LANDMARKS ADVISORY COMM. 2. Today's Date: 10-25-07

3. NAME: SHEPHERD GERALDINE ("GERRY") BEATY 4. Social Security Number: 474-44-6207  
Last First Middle

6. ADDRESS: P.O. BOX 30 / 1400 HIGHWAY 154 5. Telephone: Home: 805-688-3120  
SANTA YNEZ 93460 Cell Business: 805-588-1066  
Number Street City Zip Code FAX 805-688-7505

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>C. J. JACKSON</u>	<u>2539 ELK GROVE RD SOLVANG 93463</u>	<u>805-686-2804</u>	<u>COMM. LEADER BUS. EXEC.</u>
B. <u>CAROL HERRERA</u>	<u>3900 SKYLARK, SANTA YNEZ 93460</u>	<u>805-688-8585</u>	<u>COMM. LEADER, PRES. WE WATCH</u>
C. <u>BARBARA DAVIDGE</u>	<u>587 N. REFUGIO, SYDNEY 93460</u>	<u>805-688-8477</u>	<u>PAST PRES., SYNEZ HISTORICAL MUSEUM COMM. LEADER</u>

8. Are you or have you been employed by the County of Santa Barbara?  YES  NO If YES, list Department: \_\_\_\_\_ Title: \_\_\_\_\_ Dates: \_\_\_\_\_

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

10. Education completed: WHITTIER COLLEGE  
BA - BUSINESS ADMIN.  
BS - CHILDHOOD DEVELOPMENT  
 11. Indicate supervisor who will receive a copy of this application:  
Supvr. Doreen Farr

12. 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.  
1. DIRECTOR, SYVCOTTAGE HOSPITAL FOUNDATION  
2. EDITOR, WE WATCH  
3. EDITOR, COTTAGE HOSPITAL AUXILIARY  
4. FAMILY OWNERSHIP OF OLDEST WOODEN HOME IN SANTA YNEZ VALLEY  
5. 20 YEARS COMMUNITY LEADERSHIP, INCL. OFFICERSHIPS, VARIOUS ORGANIZATIONS  
6. APPT'D SYVPAC JUST PRIOR TO VPAC DISSOLUTION - THUS NO CURRENT COUNTY - LEVEL VOLUNTEER WORK  
7. ABIDING INTEREST IN PRACTICAL APPLICATION OF HLAC MANDATE

13. SIGNATURE OF APPLICANT  
 X Geraldine B. Shepherd