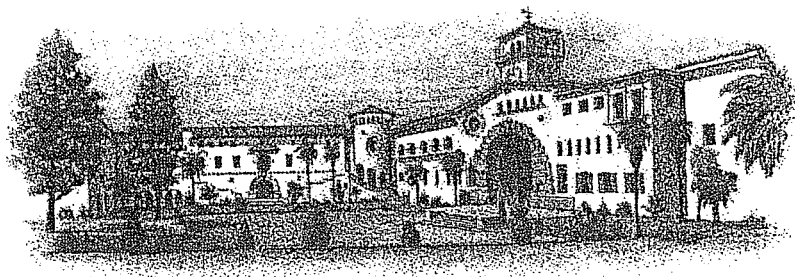


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**DOREEN FARR**  
Third District Supervisor

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

A-32

DEC 08 2009

**COUNTY OF SANTA BARBARA**

REPLACEMENT # 1  
DATE 12/3/09 TIME 3pm

Date: November 24, 2009

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

LATE  
DIST

For placement on the agenda for the meeting of: **December 8, 2009**

I would like to recommend the following for the appointment / reappointment to the  
**Advisory Board on Alcohol and Drug Problems**

Name of Appointee: **James Rohde**  
Address: **1686-B Eucalyptus Dr.**  
City/State/Zip: **Solvang, CA 93436**  
Home Telephone: **(805) 688-8927**  
Work Telephone: **(805) 962-6195**  
Cell Phone:  
E-mail: **j.rohdster@verizon.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:

**Clerk of the Board:** Please send minute order to Jessica Opland 805-681-5440

**A P P L I C A T I O N  
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)

**ADVISORY BOARD ON ALCOHOL & DRUG PROBLEMS**

2. Today's Date:

**5-22-96**

3. NAME:

**ROHDE JAMES MATHES**

4. Social Security Number:

6. ADDRESS:

**1686-B EUCALYPTUS DRIVE**

5. Telephone:

Home: **688-8927**

**SOLVANG CA 93463**

Business: **962-6195**

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. <b>JERRY JENSEN</b>	<b>1485 AARHUS, SOLVANG</b>	<b>686-2841</b>	<b>ANTIQUES</b>
B. <b>CHRIS CARSON</b>	<b>BOX 350, LOS OLIVOS</b>	<b>688-9882</b>	<b>WRITER</b>
C. <b>GARY HUNZIKER</b>	<b>650 ALAMO PINTADO ROAD - SOLVANG</b>	<b>688-9464</b>	<b>INVESTMENT REPRESENTATIVE</b>

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  
 Spanish surname  
 Asian  
 North American Indian  
 Other (Please specify) \_\_\_\_\_
- Sex:  
 Male  
 Female

10. Education completed:  
**BACHELOR OF BUSINESS ADMINISTRATION  
 MASTERS OF THEOLOGY  
 ADVANCED CERTIFICATE IN MEDIATION**

11. Indicate supervisor who will receive a copy of this application:

**Supervisor Furr**

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.

**PRESENT - INTERN PROJECT RECOVERY - GROUP + INDIVIDUAL COUNSELING  
 INTERN CORNELL CORRECTIONS INC. - INDIVIDUAL COUNSELING  
 UCSB ALCOHOL + OTHER DRUG COUNSELING CERTIFICATE PROGRAM**

**PAST - EXECUTIVE DIRECTOR - SONFLOWER HOUSE - PARENTING TEENAGE GIRLS  
 MINISTRY + COUNSELING - SOLEDAD STATE PRISON + LOMPOC PENITENTIARY  
 YOUTH PASTOR - PHILLIPINE COMMUNITY - OAHU, HAWAII  
 LEADER OF JR. + SR. HIGH YOUTH GROUP + SUNDAY SCHOOL - SANTA YNEZ  
 COUNSELOR + TEACHER - SPAWINK SCHOOL - PORTLAND, MAINE  
 TEACHER - SECOND GRADE - NEW CANAAN COUNTRY SCHOOL - CONNECTICUT**

13. SIGNATURE OF APPLICANT

x **James Mathes Rohde**