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

DATE RECEIVED

Return to: Clerk, Board of Supervisor County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101	i∃ Copy to Supervisor		
NSTRUCTIONS: Please complete each item below. Be spiplication please) for which you desire For more complete application shall be maintained for a period of one year only ligibility. Please print in ink or type.	e information or assistance co	ontact the Clerk, Board	of Supervisors' Office. This
1. APPLYING FOR: (Use specific title)			ay's Date: -3/- 20/3
3. NAME: JONES ROBERT First		bobby ion	ies 12 @ MSN,
3. ADDRESS:	5. T	elephone:	
7. REFERENCES: Give names and addresses of three p community involvement, and abilities. NAME ADDRESS		ve knowledge of your	character, experience,
LARRY FeriNi	34 335 4000		Farmen
David Apercacubie			CONTRACTOR
8. Are you or have you been employed by the County of S		HVCC CA	controller
Department:	Title:	Dates:	
9. Please check appropriate boxes: Ethnic or racial identity: Sex: White Black (African American) Hispanic Asian/Pacific Islander Native American/Alakan Native Other (Please specify)	10. Education completed: BS cd Cal Pcly SL0 11. Indicate supervisor who will receive a copy of this application: Peter Adam, 4 th District		
 EXPERIENCE: Please explain why you are interested which you are applying. 	in serving and what experier	nce you bring to the C	ommission or Committee for
			advention, unlimitant activities
 ADDITIONAL INFORMATION: Give any information e community organization memberships, or personal interes Attach additional sheets as necessary. 			

CLB-1 (Rev. 10/99)