SALUD CARBAJAL First District Supervisor

JEREMY TITTLE Chief of Staff

ERIC FRIEDMAN District Representative

LISA VALENCIA SHERRATT District Representative



BOARD OF SUPERVISORS 105 East Anapamu Street, 4th Floor Santa Barbara, California 93101

TELEPHONE: (805) 568-2186 FAX: (805) 568-2534 www.countyofsb.org/bos/carbajal E-mail: Scarbajal@sbcbos1.org

☐ Ending date _____

COUNTY OF SANTA BARBARA

Date: December 2, 2013 Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara, CA 93101	2013 DEC -2 PM 3: 17 COUNTY OF SANIA BARBATA COUNTY OF SANIA BARBATA SOARD OF SUPERVISORS	
RE: Committee, Commission or Board District Appointment		
For placement on the Board of Supervisors agenda for the meeting of: December $10^{\rm th}, 2013$		
I would like to recommend the \boxtimes appointment/ \square reappointment of the following person to the Advisory Board on Alcohol and Drug Problems:		
Full Name of Appointee: Jim Laponis Address: City/State/Zip: Home Phone: Work Phone:]Ms.	
E-mail: jlaponis@yahoo.com		
Appointee will represent the First District on this commission. Position was formerly held by: Marsha Wayne Check box only if this appointment is filling an unexpired vacancy.		
First District Supervisor: Salud Carbajal Signed by: Est William (PUSC)	COB Information Verification	
	☐ Letter of Resignation on file	
	☐ Vacancy Notice on file	
	Term:	
	uyears	
	D. Reginning date	

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 Berbara, CA 93101

☐ Copy to Supervisor

DATE RECEIVED

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per ap-

Office. This application shall be maintained for a period of one year only. After one year it is necessary to the a new application for another year of eligibility. Please print in ink or type.		
1. APPLYING FOR: (Use specific title) ALCOHOL + DRUG	Commission 12-1-13	
3. NAME: LAPONIS JIM Land Fred Michigan	4. E-MAIL ADDRESS: JLAPONIS @ YAHOO. COM	
6. ADDRESS:	5. TELEPHONE:	
Number Street	Horne:	
City Zip C	Bucinees:	
7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, commu-		
nity involvement, and abilities. NAME ADDRESS TELEPHONE NUMBER OCCUPATION		
A SALUD CARBAJAL -		
B Bic Brown	SHRRIFT	
C JOYCE DUDLEY DA		
8. Are you or have you been employed by the County of Santa Barbara? So YES D No If YES, list:		
Department: CEO Title: DEP CEU Date: 1986-2007		
Ethplc or racial identity: Sex.	Education completed: BA ECONOMICS UCSB	
☐ Bläck (African American) ☐ Female ☐ Hispanic ☐ 11. ☐ Hispanic ☐ 11. ☐ Hispanic ☐ Hisp	Indicate Supervisor who will receive a copy of this application:	
☐ Native American/Alsakan Native ☐ Other (Please specify)	SALUS CARBAJAL	
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. Workery W1714 THE	A+D COMMISSION DURING	
which you are applying. WORKED WITH THE A+D COMMISSION DURING MY TENULE WITH THE COUNTY OF SB		
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.		
community organization memberships, or personal interests that bear on you Attach additional sheets as necessary.	и аррисацоп ня воого солитьсяют, от солитисе.	
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