STEVE LAVAGNINO

County Supervisor, Fifth District steve.lavagnino@countyofsb.org

CORY BANTILAN

Chief of Staff cory.bantilan@countyofsb.org



SANDY AGALOS

Administrative Assistant sandy.agalos@countyofsb.org

YVONNE BIELY

Administrative Assistant yvonne.biely@countyofsb.org

COUNTY OF SANTA BARBARA

Date: 12/4/19

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

RE: Board District Appointment

For placement on the Board of Supervisors agenda for the meeting of: December 17, 2019.

I would like to recommend the appointment of the following person to the Commission of Women:

Salutation:	Mrs.
Full Name of Appointee:	Alison Lynette Wales
Address:	
City/State/Zip:	
Mobile Phone:	
E-mail:	

Appointee will represent the Fifth District on this commission.

Fifth District Supervisor: Steve Lavagnino

Signed by:	W	fur	SL	
	A)		

COB Information Verification		
☐ Letter of Resignation on file		
□ Vacancy Notice on file		
Term:		
□years		
□ Beginning date		
☐ Ending 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 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 ac

1. APPLYING FOR: (Use specific title) Commission for Women 3. NAME: Alison Lynette Wales Lat First Misch 6. ADDRESS: Lat First Misch 6. ADDRESS: City Zp. Gode 7. References: Chien names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities. ADDRESS 7. References: Chien names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities. ADDRESS TELEPHONE NUMBER COCUPATION EXECUTIVE Director Sm Council member / Planced Zeresthood SS Commissioner Behavior Wellness / Refired Episcopal Price Since Council member / Planced Zeresthood SS Commissioner Behavior Wellness / Refired Episcopal Price Since Council member / Planced Zeresthood SS Commissioner Behavior Wellness / Refired Episcopal Price Since Council member / Planced Zeresthood SS Commissioner Behavior Wellness / Refired Episcopal Price Since Council member / Planced Zeresthood SS Commissioner Behavior Wellness / Refired Episcopal Price Since Council member / Planced Zeresthood SS Commissioner Dehavior Wellness / Refired Episcopal Price Since Council member / Planced Zeresthood SS Commissioner Dehavior Wellness / Refired Episcopal Price Since Council member / Planced Zeresthood SS Commissioner Dehavior Wellness / Refired Episcopal Price Chapman University, Masters 10. Education completed: Chapman University, Masters 11. Indicate Supervisor who will receive a copy of this application: Steve Lavagnino Steve Lavagnino Steve Lavagnino Steve Lavagnino Title that I have entered the time in my carrier that my experience with individual clients and various agency programs over the last 23 years can only bring a new and helpful viewpoint to the Commission. I believe that a deucation empowers, protects and changes our community. The Commission has an important role in that continued education in uncommunity and all hope to be part of that continued change. 13. ADDITIONAL INFORMATION: Give any information explain	plication please) for which you desire consideration. For Office. This application shall be maintained for a period year of eligibility. Please print in ink or type.	or more complete infe	ormation or secietance contac	t the Clerk, Board of Supervisors file a new application for anothe		
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