STEVE LAVAGNINO

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SANTA BARBARA COUNTY

Date: February 7, 2011	
Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara, CA 93101	3
RE: Committee, Commission or	Board District Appointment
For placement on the agenda for	the meeting of: March 1, 2011
	appointment/ reappointment of the Board on Alcohol and Drug Problems
Salutation: Full Name of Appointee: Address: City/State/Zip: Home Phone: Work Phone: Cell Phone: E-mail:	Mr Mrs Ms. Richard Bendle 2888 La Serena Place Santa Maria, CA 93455 (805) 934-0900 (805) 928-3781 x 598 buddyjack@bfjservices.com
Appointee will represent the Fiftl Position was formerly held by: Check box only if this appoint	
Fifth District Supervisor: Steve Signed by:	Lavagnino
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APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE

COMMISSION, OR COMMITTEE
Return to: Clerk, Board of Supervisors
County Administration Building
105 E. Anapamu Street, Room 407
Santa Berbara, 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 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.

Office. This application shall be maintained for a period of one year of eligibility. Please print in ink or type.	only. After one ye	ar it is necessary to	ofile a new application for another		
1. APPLYING FOR: (Use specific title) 2. Today			2. Today's Date:		
ADVISORY BUARD ON ALCOHOL AND	DRUG F	ROBLEMS	02.04-11		
3. NAME:		4. E-MAIL ADD	RESS:		
BENDLE RECHARD ALLEN					
BENDLE RECHARD ALLEN Last First Middle		buddyjack	ebfjservices.com		
6. ADDRESS:		5. TELEPHONE	≣:		
2888 LA SERENA PL.		Home: 805-	934-0900 /505-896-0919		
	34 <i>55</i>	Business: 805	5-928-3781 et.598		
City	Zip Code	1 1 5			
 7. References: Give names and addresses of three persons, not re nity involvement, and abilities. 	latives, who have	knowleage of your	character, experience, commu-		
NAME ADDRESS	TELL	PHONE NUMBER	OCCUPATION		
A. CRYSTAL MORENO 526 E. CHAPEL, S.M.	. CA 805-	925-8860	CADA (SUPERVISOR)-	- TEEN COURT	
B. DANNY MAC 222 E. COOK, S.M.	CA 805-	928-3781	CHIEF OF POLICE (S.M.)		
C. GINA CORTEZ ZITS S. BRADLEY AD.	S. M. CA 805-	346-1774	ETCHTING BACK S.M	JAHEY	
8. Are you or have you been employed by the County of Santa Barb				1	
Department:	Title:		Date:		
Please check appropriate boxes (optional):	10. Educatio	n completed:			
Ethnic or racial identity: Sex:			•		
∑£ White ☐ Male ☐ Black (African American) ☐ Female	MILITAR	4 - TECH SCH	ool some JR. coultible		
☐ Hispanic			receive a copy of this application:		
□ Asian/Pacific Islander □ Native American/Alaskan Native □ Other (Please specify)		SOR LAVAG	NINO		
		FIRTH DISTRICT			
12. EXPERIENCE: Please explain why you are interested in serving which you are applying.	and what experie	ence you bring to th	ne Commission or Committee for		
I AM INTERESTED IN SERVING ON THIS BOARD AS I FEEL ALCOHOL &					
DRUG ISSUES (AWARENESS, ETNICATION, TREATMENT, ENFORCEMENT) HAVE BECOME THE CENTER					
TO THE MADORETY OF ISSUES SURRAMOTHS THE YOUTH, EDUCATION, CRIME AND SEON.					
13. ADDITIONAL INFORMATION: Give any information explaining y	our qualifications	experience, trainir	ng, education, volunteer activities,		
community organization memberships, or personal interests that be Attach additional sheets as necessary.	ar on your applica	tion for above Boar	rd, Commission, or Committee.		
"I AM CURRENTLY A SCHOOL RESOURCE	E OFFICER	WITH THE	SANTA MARIA		
POLICE DEPT.					
* TEEN COURT (NORTH COMUTY) JUDGE A					
- FIGHTING BACK (S.M. VALLEY) FACT					
- MOST OF ALL, I AM A PARENT & HUSBAND WHO IS CONCERNED					
AND PREFERS to BE ACTIVE WITHIN MY COMMUNITY.					
- LOCAL SARB MEMBER.					
14. SIGNATURE OF APPLICANT		0 -			