

Attachment B

PHF Governing Board Application:

Arlene Diaz

**Profile**

Arlene

First Name

Diaz

Last Name

[Empty text box for Email Address]

Email Address

[Empty text box for Street Address]

Street Address

[Empty text box for City]

City

CA

State

Postal Code

**Indicate Supervisor Who Will Receive a Copy of your Application \***

Fifth District - Steve Lavagnino

[Empty text box for Primary Phone]

Primary Phone

[Empty text box for Alternate Phone]

Alternate Phone

**Which Boards would you like to apply for?**

Psychiatric Health Facility (PHF) Governing Board: Submitted

**Reference 1 Name**

Harry Hagen

**Reference 1 Address**

[Empty text box for Reference 1 Address]

**Reference 1 Telephone**

[Empty text box for Reference 1 Telephone]

**Reference 1 Occupation**

Treasurer Tax Collector

**Reference 2 Name**

Kimberly Tesoro

**Reference 2 Address**

[Empty text box for Reference 2 Address]

**Reference 2 Telephone**

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**Reference 2 Occupation**

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Asst Treas Tax

**If you are now, or have ever been employed by the County of Santa Barbara, please list the department in which you worked, your title, and the dates you were employed.**

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Here since 1/24/2000

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**Interests & Experiences**

**Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.**

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I am responsible for the Office of the Public Guardian's LPS program and ProPay program. I have been employed in this position since 2006.

**Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional documentation as necessary.**

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I have been previously appointed to the PGB.

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**Demographics**

**Ethnicity**

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Hispanic

**Gender**

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Female

Date of Birth

**Education Completed:**

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Bachelor's Degree.

**Please Agree with the Following Statement**

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**I agree that upon submission of this application all information provided is a matter of public record, and is subject to disclosure.**

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I Agree \*