

**Bob Nelson**  
County Supervisor  
Fourth District

**Aaron Hanke**  
District Chief of Staff



**BOARD OF SUPERVISORS**  
**Fourth District Office**  
511 E. Lakeside Parkway  
Santa Maria, CA 93455

(805) 346-8407 Santa Maria  
(805) 737-7700 Lompoc  
(805) 346-8498 FAX

**COUNTY OF SANTA BARBARA**

Date: October 5, 2023  
Clerk of the Board of Supervisors  
County of Santa Barbara  
105 East Anapamu Street  
Santa Barbara, CA 93101

RE: Committee, Commission or Board District Appointment

For placement on the Board of Supervisors agenda for the meeting of October 17, 2023

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


Salutation:  Mr  Mrs  Ms.  
Full Name of Appointee: Joscelynn Murdock  
Address: [REDACTED]  
Home Phone: [REDACTED]  
E-mail: [REDACTED]

Appointee will represent the 4<sup>th</sup> District on this commission.

Position was formerly held by:

Check box only if this appointment is filling an unexpired vacancy.

District Supervisor: Bob Nelson

Signed by: 

COB Information Verification	
<input type="checkbox"/>	Letter of Resignation on file
<input type="checkbox"/>	Vacancy Notice on file
Term:	
<input type="checkbox"/>	_____ years
<input type="checkbox"/>	Beginning date _____
<input type="checkbox"/>	Ending date _____

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

Return to: Clerk, Board of Supervisors  
County Administration Building  
105 E. Anacapa 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 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.

1. APPLYING FOR (Use specification)

Women's Commission

2. RECEIVED DATE

9/25/23

3. NAME

MURDOCK Jascelynn C

4. EMAIL ADDRESS

5. TELEPHONE

Home:

Business:

Same

6. ADDRESS

7. References. Give names and addresses of three persons, not relatives, who have had a knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
* Marci Jones	[REDACTED]	[REDACTED]	Conservationist
* Crystal Moreno	As needed	[REDACTED]	Donor relations grants manager
* Edwin Hodges	As needed	[REDACTED]	Calworks coordinator

NAME

ADDRESS

TELEPHONE NUMBER

OCCUPATION

\* Marci Jones

\* Crystal Moreno

\* Edwin Hodges

Conservationist

Donor relations grants manager

Calworks coordinator

8. Are you currently employed by the County of Santa Barbara?

Yes

9. How long have you been employed by the County of Santa Barbara?

10. How long have you been employed by the County of Santa Barbara?

11. How long have you been employed by the County of Santa Barbara?

12. How long have you been employed by the County of Santa Barbara?

13. How long have you been employed by the County of Santa Barbara?

14. How long have you been employed by the County of Santa Barbara?

B.S. from UCSB

Bob Nelson

I am interested in serving because I would love to bring new perspective and am highly involved in our community. I feel my experience in social work and work with foster youth helping a unique vision.

I am trauma informed trained, I have founded Awakening Grants. I also have worked and volunteered at many nonprofits around town.

15. SIGNATURE OF APPLICANT

*[Handwritten Signature]*