

**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: September 26, 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 10, 2023

I would like to recommend the  appointment/  reappointment of the following person to the: Human Services Commission

Salutation:  Mr  Mrs  Ms.

Full Name of Appointee: Kristen Cahoon

Address:

Home Phone:


E-mail:

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

Position was formerly held by: Coleman Lucas

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 _____

**Profile**

Kristen

First Name

Cahoon

Last Name

[Redacted]

Email Address

[Redacted]

Street Address

[Redacted]

City

CA

State

93455

Postal Code

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

Fourth District - Bob Nelson

[Redacted]

Primary Phone

[Redacted]

Alternate Phone

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

Human Services Commission: Submitted

**Reference 1 Name**

Sylvia Barnard

**Reference 1 Address**

[Redacted]

**Reference 1 Telephone**

[Redacted]

**Reference 1 Occupation**

Executive Director Good Samaritan Shelter

**Reference 2 Name**

Jana Nichols

**Reference 2 Address**

[Redacted]

**Reference 2 Telephone**

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[Redacted]

**Reference 2 Occupation**

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Executive Director 5 Cities Homeless Coalition

**Reference 3 Name**

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Alexis Nshamamba

**Reference 3 Address**

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[Redacted]

**Reference 3 Telephone**

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[Redacted]

**Reference 3 Occupation**

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Director of Housing Good Samaritan Shelter

**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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I believe I would be an asset to the commission due to my over 20 years experience in social services in Santa Barbara County and the last 11 years in direct Homeless Services at the Good Samaritan Shelter. I work closely with our COC and all homeless services entities in the county which gives me a clear and diverse perspective on how the homeless service process works. I have dedicated my life to the social service sector and would be honored to share my experiences and insight as part of this committee.

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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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Sent to office

**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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Sent to office

[Kristen.docx](#)

Upload a Resume

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**Demographics****Ethnicity**

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Prefer not to Answer

**Gender**

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Prefer not to say

  
Date of Birth

**Education Completed:**

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Sent to office

**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 \*