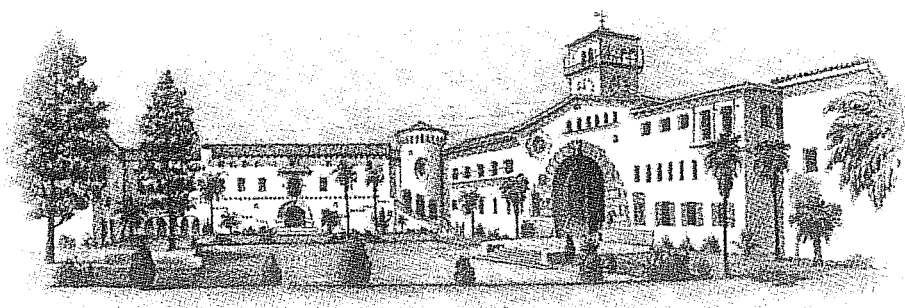


SALUD CARBAJAL
First District Supervisor

JEREMY TITTLE
Executive Staff Assistant

MARY ELLEN WYLIE
Administrative Assistant

ERIC FRIEDMAN
Administrative Assistant



BOARD OF SUPERVISORS
105 East Anapamu Street
Santa Barbara, California 93101

TELEPHONE: (805) 568-2186
FAX: (805) 568-2534

E-mail:
supervisorcarbajal@sbcbsos1.org

COUNTY OF SANTA BARBARA

Date: October 5, 2010

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

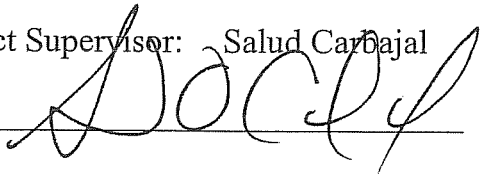
RE: Committee, Commission or Board District Appointment

For placement on the Board of Supervisors agenda for the meeting of: October 12, 2010

I would like to recommend the ☒ appointment/ ☐ reappointment of the following person to the Advisory Board on Alcohol and Drug Problems:

Salutation: ☒ Mr ☐ Mrs ☐ Ms.
Full Name of Appointee: Armando Rivera
Address: 1913 State Street
City/State/Zip: Santa Barbara, CA 93101
Home Phone:
Work Phone: 805-455-5330
E-mail: armandoriverasb@yahoo.com

Appointee will represent the First District on this commission.
Position was formerly held by: John Gostovich
☒ Check box only if this appointment is filling an unexpired vacancy.

First District Supervisor: Salud Carbajal
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. Anapamu Street, Room 407 Santa Barbara, CA 93101		DATE RECEIVED <input type="checkbox"/> 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 specific title) <i>Advisory Board on Alcoholism</i>		2. Today's Date: <i>10-30-10</i>
3. NAME: <div style="display: flex; justify-content: space-between;"> <i>RIVERA</i> <i>ARMANDO</i> <i>ANGEL</i> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>		4. E-MAIL ADDRESS: <i>ARMANDO.RIVERA@YAHOO</i>
6. ADDRESS: <div style="display: flex; justify-content: space-between;"> <i>1913 STATE ST.</i> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Number Street </div> <div style="display: flex; justify-content: space-between;"> <i>Santa Barbara, Ca.</i> <i>93101</i> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> City Zip Code </div>		5. TELEPHONE: Home: <i>N/A</i> Business: <i>(805) 455 5330</i>
7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.		
NAME	ADDRESS	TELEPHONE NUMBER
A. <i>SALUD CARABAJAL</i>		
B. <i>Ralph MOLINA</i>		
C. <i>City Police man</i>		
8. Are you or have you been employed by the County of Santa Barbara? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, list: Department: <i>Sherman</i> Title: <i>Short Period</i> Date: <i>1960-61</i>		
9. Please check appropriate boxes (optional): Ethnic or racial identity: <input type="checkbox"/> White <input type="checkbox"/> Black (African American) <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (Please specify)		10. Education completed: <i>12 high school 5 semester City College</i>
11. Indicate Supervisor who will receive a copy of this application:		
12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for which you are applying. <i>am very dedicated to the program of A.A.</i>		
13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee. Attach additional sheets as necessary. <i>Worked Helped @ Zone Seca as advisor + president. Helped @ the Alamo Club member of the B.O.D. + also Vice president + president. manager of the club for Two or three years. member of the Counsel of our Lady of Sorrows Church</i>		
14. SIGNATURE OF APPLICANT		