

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
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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) CEMETARY DISTRICT BOARD OF TRUSTEES	2. Today's Date: 1/28/11
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3. NAME: EVANS MARK HAWLEY <small>Last First Middle</small>	4. E-MAIL ADDRESS: MARK @ MURRAY-MURRAY.COM EVANSMARKPOLETTE @ AOL.COM
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6. ADDRESS: 3126 DOLORES COURT <small>Number Street</small> SANTA MARIA CA 93455 <small>City Zip Code</small>	5. TELEPHONE: Home: (805) 934-2222 (805) 925-8607 Business: MOBILE (805) 878-6376
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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	OCCUPATION
A. ROBERT ENGEL	645 W. BETTERAVIA	(805) 925-2771	CONSTRUCTION
B. PAUL TUCKER	2827 S. BRADLEY	(805) 598-4971	SALES
C. KIM KIRCHOFF	SPEEDS OIL SERV.	(805) 448-7877	OIL TRUCKING

8. Are you or have you been employed by the County of Santa Barbara? YES No IF YES, list:
 Department: _____ Title: _____ Date: _____

9. Please check appropriate boxes (optional): Ethnic or racial identity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black (African American) <input 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: SOME COLLEGE 11. Indicate Supervisor who will receive a copy of this application: BOB NELSON
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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.
BORN - RAISED IN SANTA MARIA. SIT ON BOARD OF INSURANCE INDUSTRY CORPORATION, PAST BOARD MEMBER OF SANTA MARIA VALLEY CHAMBER, OLD ENOUGH TO BRING BOTH BUSINESS EXPERIENCE AND UNDERSTANDING TO PROCESS.

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.
**OWNED & OPERATED MARKET RESTAURANTS 18 YEARS
 INSURANCE AGENT - BROKER 19 YEARS
 HIGH SCHOOL WATER POLO COACH 3 YEARS**

14. SIGNATURE OF APPLICANT