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@sbcbos1.org A-32

COUNTY OF SANTA BARBARA

Date: August 10, 2009

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: August 18, 2009

I would like to recommend the ⊠ appointment/ ☐ reappointment of the following person to the Human Services Commission:		
Salutation: Full Name of Appointee: Address: City/State/Zip: Home Phone: Work Phone: E-mail:	Mr Mrs Michael Olsen 311 Alston Road Montecito, CA, 93108 805-969-9705 559-936-3614 cmike93291@yahoo.c	
Appointee will represent the First District on this commission. Position was formerly held by: Tara Brown Check box only if this appointment is filling an unexpired vacancy. First District Supervisor: Salud Carbajal		
Signed by: Ev Joulduan	(for sc)	COB Information Verification Letter of Resignation on file

Printed on Recycled Paper

☐ Vacancy Notice on file

□ Beginning date□ Ending date

___ years

Term:

FEB 2 4 2009

APPLICATION

COUNTY OF SANTA BARBARA BOARD, 1ST DISTRICT OFF PRECEIVED COMMISSION, OR COMMITTEE

Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101

Copy to Supervisor

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per ap-Plication 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 lnk or type. Human Seance 1. APPLYING FOR: (Use specific title) 2. Today's Date: AGRICULTURAL ADVISORY ALCOHOL & DRUG ADVISORY 2-22-09 4. E-MAIL ADDRESS:

3. NAME CMIKE 93291 C JAHOO. COM 6. ADDRESS: 5. TELEPHONE: A/510N Home: 805-969 CELL 93108 Zin Code 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 STEN P.O.BOX 627 565-9517 KETTREN 499 VERENA DEL CIEZVO en employed by the County of Santa Barbara? 💆 YES 🔲 No If YES, list: 7-1-08 Department: GRANI) JURY 2008 - 2009 Date: 7-1-09 Title: VUROR

Male Female

9. Please check appropriate boxes (optional): Ethnic or racial identity:

Zf White

☐ Black (African American) ☐ Hispanic

☐ Aslan/Pacific Islander
☐ Native American/Alaskan Native
☐ Other (Please specify)

10. Education completed:

SALUI)

1 VETTICOLLEGE

11. Indicate Supervisor who will receive a copy of this application:

PARBAJA(

DECISIONS

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.

A GIZICULTURE: FARTHED (ENTITED VAILEY FOR 40 YETHES.

THERE FROM AD VISORY - MEMISER OF (A)A. BOATED MENTORE) MISOUNIUALS WITH DRUG DROBLEMS FOR LAST 17 VETTES 17 VEARS

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. community organization memberships, or personal interests that be Attach additional sheets as necessary.

HTCCHECTURAL KEEDING SANTARDITARA BUILDING AND LANDSCAPE AT THELR TREM (QUILT - AI) MINISTANZET) SERVING AS A TUISGE ILITY TO INTE

14. SIGNATURE OF APPLICANT