

JOAN HARTMANN
Third District Supervisor



County Administration Building
105 East Anapamu Street
Santa Barbara, California 93101
Telephone: (805) 568-2192

Date: 09/27/2019 COUNTY OF SANTA BARBARA

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

RE: Appointment of JoAnna Wogulis to Human Services Commission

For placement on the Board of Supervisors agenda for the meeting of: October 8, 2019

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: JoAnna Wogulis
Address:
City/State/Zip:
Home Phone:
Work Phone:
E-mail:

Appointee will represent the Third District on this commission.

Position was formerly held by: Joan Fairfield

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

Third District Supervisor: Joan Hartmann

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 of the Board of Supervisors
105 E. Anapamu Street, Room 407
Santa Barbara, CA 93101

DATE RECEIVED

2019 SEP 11 PM 1:32

Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. **Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.**

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)

2. TODAY'S DATE:

Human Services Commission

09/08/19

3. NAME:

4. E-MAIL ADDRESS:

Wogulis Joanna C
Last First Middle

6. ADDRESS:

5. TELEPHONE:

Number Street
Buellton 93429
City Zip Code

Home:

Business:

7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
Judi Stauffer			
Merrie Lipton			therapist
Joan Davidson			

8. Are you, or have you ever been, employed by the County of Santa Barbara:

No

Yes - if yes, list below

Department: Auditor Controller

Title: Admin. Asst.

Date: 1972

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):

Ethnic or Racial Identity:

- White
 African American
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (please specify):

Sex:
 Male
 Female

10. EDUCATION COMPLETED:

MA Counseling Psych

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:

Joan Hartman

12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.

I served on this commission years ago and also on the City of Solvang H.A. commission. I am no longer counseling and would enjoy doing this work again.

13. ADDITIONAL INFORMATION: 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 sheets as necessary.

I was an MFT in private practice for 25 years.

4. SIGNATURE OF APPLICANT:

Joanna Wogulis