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@sbcbosl.org

COUNTY OF SANTA BARBARA

Date: March 18, 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: April 7, 2009 I would like to recommend the \(\sqrt{\text{appointment}} \) appointment of the following person to the Mental Health Commission, alternate postion: Salutation: \times Mr | | Mrs Ms. Full Name of Appointee: David Novis P.O. Box 32 Address: City/State/Zip: Summerland, CA 93067 Home Phone: 805-969-4154 Work Phone: E-mail: dnovis@verizon.net Appointee will represent the First District on this commission. Position was formerly held by: Tona Wakefield Check box only if this appointment is filling an unexpired vacancy. First District Supervisor: Salud Carbajal COB Information Verification Signed by: ☐ Letter of Resignation on file

□ Vacancy Notice on file

☐ Beginning date

u _____ years

Ending date ___

Term:

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD,

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

DATE RECEIVED

☐ Copy to Supervisor

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per azphiloation please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisors of 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 over of eligibility. Please print in ink or type.

year of eligibility. Please print in ink or type.	ter one year it is necessary to mala new application for another
1. APPLYING FOR: (Use specific title)	2. Today's Date:
3. NAME; VOVIS DAVI)	4. E-MAIL ADDRESS: Line VISO VW 2017
6. ADDRESS: P. O. Box 32 252/ Sance	1 Ave Home: 305 969 - 4154
Summer and 9-	3067 Business:
7. References: Give names and addresses of three persons, not relatives, nity involvement, and abilities. NAME ADDRESS	who have knowledge of your character, experience, commu- TELEPHONE NUMBER OCCUPATION
1 Dale Wilson 5777 Hollistr G	4964-8371 Our
B. Mark Linehan 533. Deble S.S	967-6040 Ower
8. Are you or have you been employed by the County of Santa Barbara?	1967-9834 Owner
Department:	Title: Date:
Etholc or racial identity: CAVhite Disck (African American) Hispanic Atian/Pacific Islander Native American/Alaskan Native Other (Please specify)	Education completed: MBA — Ms-Ak-A- Indicate Supervisor who will receive a copy of the application (a 1 d
12. EXPERIENCE: Please explain why you are interested in serving and whether you are applying. Three attentions Indo expectably regarding by Own house in Jummer an	wedge of County bylows
13. ADDITIONAL INFORMATION: Give any information explaining your qual community organization memberahips, or personal interests that bear on you add the additional sheets as necessary.	ur application for above Board, Commission, or Committee.
Have owned 3 News	popers in Goleta
a volunteer	1,005 COMM. Here as
14. SIGNATURE OF APPLICANT	X low