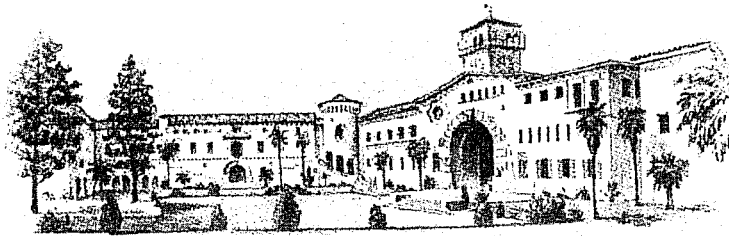


STEVE LAVAGNINO
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SANTA BARBARA COUNTY

September 19, 2012

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 agenda for the meeting of: October 2, 2012

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: Steve Hernandez
Address: 1304 Heidi Court
City/State/Zip: Santa Maria, CA 93454
Home Phone: (805) 757-8580
Work Phone: (805) 347-0058
E-mail:

Appointee will represent the Fifth District on this commission.

Position was formerly held by:

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

Fifth District Supervisor: Steve Lavagnino

Signed by: _____

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) <i>Alcohol & Drug Advisory Board</i>	2. Today's Date: <i>9/11/12</i>
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3. NAME: <i>Hernandez</i> <i>Hernandez Steve</i> <small>Last First Middle</small>	4. E-MAIL ADDRESS: <i>SHERNANDEZ@CSims.l.org</i>
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6. ADDRESS: <i>Heidi</i> <i>1304 Heidi Ct.</i> <small>Number Street</small> <i>SM 93454</i> <small>City Zip Code</small>	5. TELEPHONE: Home: <i>805 757 8580</i> Business: <i>805 347 0058</i>
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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. <i>Andrew Ayala</i>	<i>1775 S. Mclelland</i>		<i>Intervention Specialist</i>
B. <i>Morgan Lopez</i>	<i>1775 S. Mclelland</i>		<i>Case manager</i>
C. <i>Jesus Medina</i>	<i>1775 S. Mclelland</i>		<i>Intervention Specialist</i>

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 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>Associates</i> 11. Indicate Supervisor who will receive a copy of this application: <i>Steve Iguaniga</i>
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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.
I am interested in serving the community AND being a voice for the people

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 am in the Santa Maria Chamber of commerce. I also volunteered for 2 years for THAID.

14. SIGNATURE OF APPLICANT
