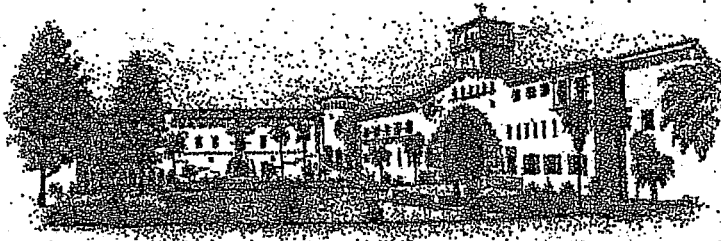


BROOKS FIRESTONE
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Third District
bfirestone@co.santa-barbara.ca.us

KELLEY KAUFMAN
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JIMMY SWANSON
Administrative Assistant
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SANTA BARBARA COUNTY

A-47

Date: November 21, 2006

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

For Placement on the agenda for the meeting of: **December 5, 2006**

I would like to recommend the following for the reappointment to the
Advisory Board on Alcohol and Drug Problems

Name of Appointee: **James Rhode**

Address: 1686-B Eucalyptus Drive

City: Solvang State: CA Zip: 93463

Home Telephone: (805) 688-8927

Appointee will represent **Third District** on this committee.

Third District Supervisor Brooks Firestone
Signed By:

A P P L I C A T I O N
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

FOR OFFICIAL USE ONLY

Date Received: _____

Date Reviewed: _____

Reviewed by: _____

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)

ADVISORY BOARD ON ALCOHOL & DRUG PROBLEMS

2. Today's Date:

5-22-96

3. NAME:

ROHDE JAMES MATHES

4. Social Security Number:

048-36-7998

5. Telephone:

Home: **688-8927**

Business: **962-6195**

6. ADDRESS:

1686-B EUCALYPTUS DRIVE

SOLVANG

CA

93463

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. JERRY JENSEN	1485 AARHUS, SOLVANG	686-2841	ANTIQUES
B. CHRIS CARSON	BOX 350, LOS OLIVOS	688-9882	WRITER
C. GARY HUNZIKER	650 ALAMO PINTADO ROAD - SOLVANG	688-9464	INVESTMENT REPRESENTATIVE

8. Are you or have you been employed by the County of Santa Barbara? YES NO If YES, list:

Department: _____

Title: _____

Dates: _____

9. Please check appropriate boxes:

Ethnic or racial identity:

- White
 Black
 Spanish surname:
 Asian
 North American Indian
 Other (Please specify)

Sex:

- Male
 Female

10. Education completed:

**BACHELOR OF BUSINESS ADMINISTRATION
MASTERS OF THEOLOGY
ADVANCED CERTIFICATE IN MEDIATION**

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

**GAIL MARSHALL
WILLIAM B. WALLACE**

12. 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.

**PRESENT - INTERN PROJECT RECOVERY - GROUP + INDIVIDUAL COUNSELING
INTERN CORNELL CORRECTIONS INC. - INDIVIDUAL COUNSELING
UCSB, ALCOHOL + OTHER DRUG COUNSELING CERTIFICATE PROGRAM**

**PAST - EXECUTIVE DIRECTOR - SONFLOWER HOUSE - PARENTING TEENAGE GIRLS
MINISTRY + COUNSELING - SOLEDAD STATE PRISON + LOMPOC PENITENTIARY
YOUTH PASTOR - PHILLIPINE COMMUNITY - OAHU, HAWAII
LEADER OF JR. + SR. HIGH YOUTH GROUP + SUNDAY SCHOOL - SANTA YNEZ
COUNSELOR + TEACHER - SPAWINK SCHOOL - PORTLAND, MAINE
TEACHER - SECOND GRADE - NEW CANAAN COUNTRY SCHOOL - CONNECTICUT**

13. SIGNATURE OF APPLICANT

x *James Mathes Rohde*