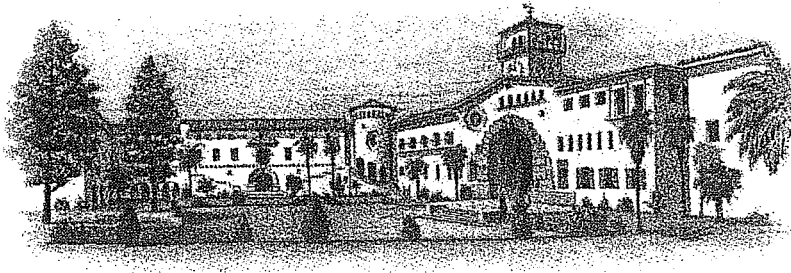


DOREEN FARR
Third District Supervisor



OFFICE OF THE
THIRD DISTRICT SUPERVISOR
County Administration Building
105 East Anapamu Street
Santa Barbara, California 93101
Telephone: (805) 568-2191
Fax: (805) 568-2883
www.countyofsb.org

COUNTY OF SANTA BARBARA

A-17

Date: August 12, 2009

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: **August 25, 2009**

I would like to recommend the following for appointment / reappointment to the
Commission for Women

Name of Appointee: **Patricia Simon**
Address: **905 Croft Lane**
City/State/Zip: **Solvang CA 93463**
Home Telephone: **688-9958**
Work Telephone:
Cell Phone: **350-0800**
E-mail: prsimon417@gmail.com

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

Position was formerly held by: **Vacant**
Term expires: **August 2012**

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

Third District Supervisor Doreen Farr

Signed By: _____

Clerk of the Board: Please send minute order to Amber Wonderly,
Human Resources 568-2808

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

☐ Copy to Supervisor

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)

HUMAN SERVICES Commission

2. Today's Date:

6-2-09

3. NAME:

Simon Patricia Judith

4. E-MAIL ADDRESS:

PRSimon419@gmail.com

6. ADDRESS:

905 CROFT LANE

Number

Street

SOLVANO

CA

93403

City

Zip Code

5. TELEPHONE:

Home:

6889958

Business:

cell 3500800

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

DEAN PALIUS

PEOPLE HELPING PEOPLE

6860295

EXEC DIR.

MICHAEL BALABAN

243 N REPUBLIC
3 Y 93400

6882778

RETIRED

ELIZABETH FARROW

POB 312
205 OLIVOS, 93411

6864005

DIST REP FOR
JOREEN FARR

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:

☒ White

☐ Black (African American)

☐ Hispanic

☐ Asian/Pacific Islander

☐ Native American/Alaskan Native

☐ Other (Please specify)

Sex:

☐ Male

☐ Female

10. Education completed:

MA - Clinical Psychology

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

JOREEN FARR

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 have been a licensed Marriage & Fam. Therapist for 25 years. I also have a rich background of business experience & several years serving on Non Profit

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.

Agency Boards. I have closed my practice & am looking to remain involved with agencies geared towards social & community betterment. Please see attached CV for a complete profile of history & experience.

14. SIGNATURE OF APPLICANT

Patricia Simon