

<b>APPLICATION FOR</b> <b>COUNTY OF SANTA BARBARA BOARD,</b> <b>COMMISSION, OR COMMITTEE</b> 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
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

**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) <u>Mental Health Commission</u>	2. Today's Date: <u>12/21/11</u>
--------------------------------------------------------------------------	-------------------------------------

3. NAME: <u>Villarreal-Redit, Alice J.</u> <small>Last First Middle</small>	4. E-MAIL ADDRESS: <u>alicev@hacsb.org</u>
-----------------------------------------------------------------------------------	-----------------------------------------------

6. ADDRESS: <u>1936 Elise Way #K</u> <small>Number Street</small> <u>Santa Barbara, CA 93109</u> <small>City Zip Code</small>	5. TELEPHONE: Home: <u>(805) 815-6593</u> Business: <u>(805) 897-1036</u>
-------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

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. <u>Rob Pearson</u>	<u>c/o 808 Laguna, SB 93101</u>	<u>897-1025</u>	<u>CEO, HACSB</u>
B. <u>Skip Szymanski</u>	<u>1923 Mountain Ave., SB 93101</u>	<u>897-1062</u>	<u>COO, HACSB</u>
C. <u>Veronica Loza</u>	<u>1314 Mountain, SB 93103</u>	<u>897-1032</u>	<u>Housing Mgt Director</u>

8. Are you or have you been employed by the County of Santa Barbara?  YES  No IF YES, list:  
 Department: Public Health Title: Service Aide Date: 1993-1997

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)	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female  10. Education completed: <u>B.A., Sociology, UCSB, 1990</u> <u>M.A., Psychology, Antioch U., 1999</u>  11. Indicate Supervisor who will receive a copy of this application: <u>Janet Wolf</u>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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. As an employee of the Housing Authority of the City of Santa Barbara for the past 14 years I have collaborated closely with staff at ADMHS and have been involved in advocacy issues related to homelessness and mental illness. As such I have come to greatly appreciate the value and importance of ensuring that services are provided to those in need.

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. In my work as Client Services Coordinator for HACSB and through my participation as a co-facilitator of the Common Ground campaign this past year, I know first-hand of the essential role ADMHS plays in our County. I have collaborated with ADMHS staff in an effort to coordinate needed services for mentally ill homeless as well as clients of HACSB. My educational background is in the field of behavioral sciences and my duties at HACSB include overseeing the agency's supportive services program. I regularly attend community meetings as an advocate and as part of my role at HACSB to promote improved service coordination for the homeless and disabled, and through my participation this past year as part of the core leadership of the Common Ground effort, I have worked closely

14. SIGNATURE OF APPLICANT: [Signature] with numerous public and nonprofit service providers. 12/21/11