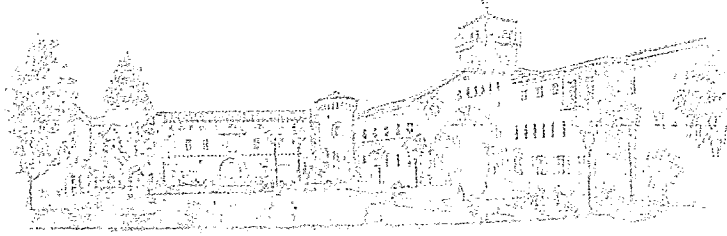


JANET WOLF
County Supervisor, Second District

MARY E. O'GORMAN
Chief of Staff

HILARY R. CAMPBELL
Board Administrative Assistant



BOARD OF SUPERVISORS

105 East Anapamu Street, 4th Floor
Santa Barbara, California 93101

TELEPHONE: (805) 568-2191

FAX: (805) 568-2283

E-mail: jwolf@sbcbos2.org

www.countyofsb.org/bos/wolf

SANTA BARBARA COUNTY

Date: **May 27, 2015**

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

2015 MAY 27 AM 9:52
COUNTY OF SANTA BARBARA
CLERK OF THE BOARD OF SUPERVISORS

For placement on the agenda for the meeting of: **June 2, 2015**

Re: **Child Welfare Safety Net Task Force**

I would like to recommend the following for the **appointment** to subject Committee, Commission or Board:

Full Name of Appointee: **Amy Marie Zuchowicz**

Address: _____ E-mail: _____

City: **Santa Barbara** State: **CA** Zip: **93101** Salutation: **Ms.**

Cell Telephone: _____

Appointee will represent Second District on this commission.

Appointment Expires on: **N/A**

Second District Supervisor Janet Wolf

Signed By: *Janet Wolf*

Clerk of the Board: Please send minute order to:
Devin Drake, Child Welfare Services
Amy M. Zuchowicz, See address above.
Hilary Campbell, Second District Office

**APPLICATION FOR
COUNTY OF SANTA BARBARA
BOARD, COMMISSION OR COMMITTEE**

Return to: Clerk of the Board of Supervisors
105 E. Anapamu Street, Room 407
Santa Barbara, CA 93101

DATE RECEIVED

Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)

Child Welfare Safety Net Task Force

2. TODAY'S DATE:

May 25, 2015

3. NAME:

Zuchowicz Amy Marie

Last First Middle

4. E-MAIL ADDRESS:

6. ADDRESS:

Santa Barbara 93101

Number Street City Zip Code

5. TELEPHONE:

Home: _____

Business: _____

7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
Megan Rheinschild			Victim-Witness Assistanc
Meagan Pasternak			Teacher
Julie Bolton			Assistant Principal

8. Are you, or have you ever been, employed by the County of Santa Barbara?

No Yes - if yes, list below

Department: _____ Title: _____ Date: _____

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):

Ethnic or Racial Identity:

- White
 African American
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (please specify):

Sex:
 Male
 Female

10. EDUCATION COMPLETED:

Bachelors plus MST teaching credential

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:

Janet Wolf

12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.

I have been teaching elementary school in Santa Barbara for 23 years. I believe my work with children and families gives me insight to the needs of families in our community.

13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.

14. SIGNATURE OF APPLICANT:

