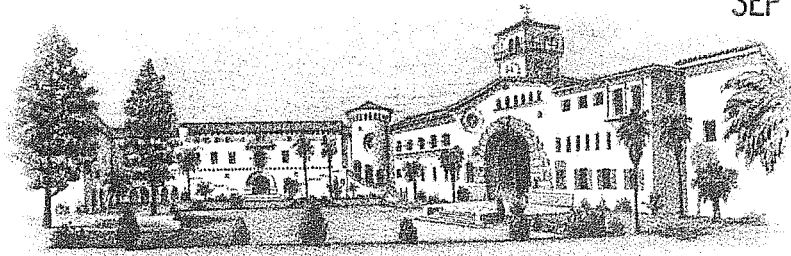


0915-23 09-00797

SEP 15 2009

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

Date: September 3, 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: **September 15, 2009**

I would like to recommend the following for the appointment / reappointment to the:
Mental Health Commission –Alternate

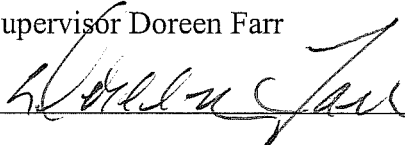
Name of Appointee: **John Mudie**
Address: 6647 El Colegio Rd, #B225
City/State/Zip: Goleta, CA 93117
Home Telephone: (805) 685-1754
Telephone 2:
E-mail: john@mudie.info

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

Position was formerly held by: Roger Thompson
Term expires: **June 30, 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 Marcia Carstensen, ADMHS 681-4742

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

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)

MENTAL HEALTH COMMISSION - Alternate

2. Today's Date:

8/20/09

3. NAME:

MUDIE JOHN DAVID
Last First Middle

4. E-MAIL ADDRESS:

john@mudie.info

6. ADDRESS:

6647 EL COLEGIO RD #B225

Number

Street

GOLETA, CA 93117

City

Zip Code

5. TELEPHONE:

Home: (805) 685-1754

Business: N/A

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. YVONNE EMERSON | 6647 EL COLEGIO RD DB10 GOLETA, CA 93117 | 341-4807 | CUSTOMER SERVICE |
| B. MAUREEN MINA | 222 W MICHELTORENA #4 SANTA BARBARA CA 93101 | 681-5455 | CONSUMER EMPOWERMENT |
| C. CATHERINE BIRTALAN | 123 E MICHELTORENA SANTA BARBARA CA 93101 | 252-0483 | ACCOUNTANT |

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

FAMILY ADVISORY GROUP

ONGOING SINCE

Department: ADMNS (NOMINAL AS MEMBER CONSUMER

Title: COMMISSIONER

Date: 1995

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:

Ph. D.

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

SUPERVISOR 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. **DIAGNOSED WITH BIPOLAR DISEASE 1976, DIAGNOSED WITH ALCOHOLISM 1983, I SERVED ON THE COMMISSION FOR FOUR YEARS AND WAS AWARDED A CERTIFICATE OF COMMENDATION BY THE SANTA BARBARA BOARD OF SUPERVISORS, I WANT TO ENCOURAGE THE AD COMMISSION TO FOLLOW ITS CHARGE AS LAID OUT IN THE WELFARE & INSTITUTIONS CODE BY REVIEWING THE OPERATIONS OF THE DEPT. I WANT TO ENCOURAGE RECOVERY AND PARTICIPATION IN THE OPERATIONS OF THE DEPT BY CONSULTING AND FAMILY MEMBERS**

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.

SEE ATTACHMENT