

<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
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**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) <i>Santa Barbara County Arts Commission</i>	2. Today's Date: <i>5.25.2012</i>
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3. NAME: <i>Ayala, Gerardo</i> <small>Last First Middle</small>	4. E-MAIL ADDRESS: <i>gera@hobbyproductions.com</i>
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6. ADDRESS: <i>532 N. Alisos St.</i> <small>Number Street</small> <i>Santa Barbara, CA 93103</i> <small>City Zip Code</small>	5. TELEPHONE: Home: <i>805 284-5905</i> Business: _____
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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. <i>Joan Tanner</i>	<i>424 Olive Rd 93108</i>	<i>(805) 969-5236</i>	<i>Artist</i>
B. <i>Kathleen Scott</i>	<i>3412 Calle Noguer 93105</i>	<i>(805) 682-6208</i>	<i>Community</i>
C. <i>Helen Schneider</i>	<i>1416 Climo St 93101</i>	<i>(805) 453-8558</i>	<i>Mayor of SB</i>

8. Are you or have you been employed by the County of Santa Barbara?  YES  No If YES, list:  
 Department: *Health care Services* Title: *HIV Educator* Date: *90's*

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)	10. Education completed: <i>Some college</i>  11. Indicate Supervisor who will receive a copy of this application: <i>Salvo Carbajal.</i>
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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.  
*see attached*

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 attached*

14. SIGNATURE OF APPLICANT  
