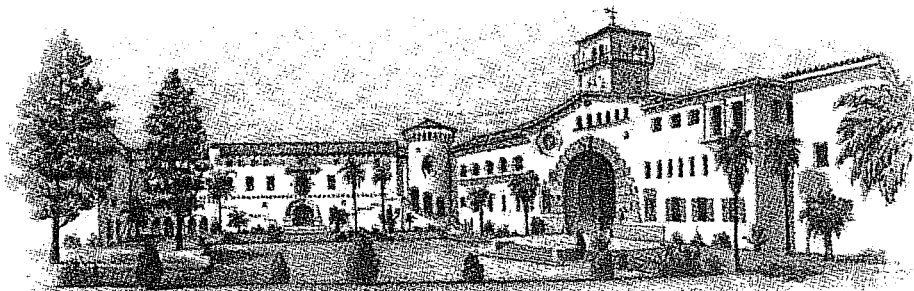


SALUD CARBAJAL
First District Supervisor

JEREMY TITTLE
Executive Staff Assistant

MARY ELLEN WYLIE
Administrative Assistant

ERIC FRIEDMAN
Administrative Assistant



BOARD OF SUPERVISORS
105 East Anapamu Street
Santa Barbara, California 93101

TELEPHONE: (805) 568-2186
FAX: (805) 568-2534

E-mail:
supervisorcarbajal@sbcbos1.org

COUNTY OF SANTA BARBARA

A - 17

Date: October 9, 2006

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: October 24, 2006

RE: Mental Health Commission Alternate

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

Full Name of Appointee: Tona Wakefield

Address: 151 Ocean View Ave E-Mail:


City: Carpinteria State: CA Zip: 93013 Salutation Ms.

Home Telephone: (805) 566-4910 Work Telephone:

Appointee will represent First District on this committee.
(Identify position, organization, etc.)

Position was formerly held by:)

Supervisor Salud Carbajal

Signed By: 

**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) *alternate Mental Health Commission* 2. Today's Date: *9/04/06*

3. NAME: *Wakefield Tona* 4. Social Security Number: *555-86-6673*
Last First Middle

6. ADDRESS: *151 Ocean View Avenue* 5. Telephone: *566-4910*
Carpinteria, CA 93013
Number Street City Zip Code
Home: Business:

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. James Rhodes	ADP Advisory Board	688-8927	
B. Ann Eldridge	S.B. Mental Health Assoc.	898-0129	
C. Evans Stout		965-7674	MFC

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

9. Please check appropriate boxes:
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:
almost B.A. CSULA

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

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 am a family member with a desire to be part of a group that works to improve the quality of life

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.

*Volunteer Family to Family teacher
ADP advisory Board member*

14. SIGNATURE OF APPLICANT
Tona Wakefield