# **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: October 5, 2011

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 18, 2011

I would like to recommend the following for the appointment / <u>reappointment</u> to the Mosquito and Vector Management District of Santa Barbara County

Name of Appointee: Dr. Charles Blair

Address: 176 Alcor Ave

City/State/Zip: Lompoc, CA 93430

Home Telephone: 805-733-3189 Work Telephone: 805-717-0003

Cell Phone:

E-mail: blairce@verizon.net

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

Position was formerly held by: Term expires: 12/31/2013

\_\_\_\_ Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Signed By: Stephance Langeland for DF

Clerk of the Board: Please send minute order to Brian Passaro, District Manager P.O. Box 1389, Summerland, CA 93067 805-969-5050

#### **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.

year of eligibility. Please print in link of type.		
1. APPLYING FOR: (Use specific title) LY FAR TE	RMAST	COUNTY 3000000000
MU SQUITO TUZETOR MANHCENE	-197 J. B.	0.0.177
3. NAME AIR CHARIBS E	OWAGD	13 (HR (FOVERIZON RE)
Last First	Middle	BIHIACE OSPOED. UR
6. ADDRESS:		5. TELEPHONE:
MGAE CON AVE		Home: 805: 127-3189
LOW AOC, CALIF 03 4	13 6 Zip Code	Business: Poy - 417-0067 (A
The Company of the property of	<u></u>	mouladae of your character experience commit-
7. References: Give names and addresses of three persons, not re nity involvement, and abilities.	latives, who have r	diowieage of your character, expensione, commu-
NAME ADDRESS	· , · · · · · · · · · · · · · · · · · ·	PHONE NUMBER OCCUPATION
SANTINARI	10 Pas	137051 C. P. A.
B. JOE BARVET 37 BY TO CONST.	A	12.733 347 CEN MANA 121
C.MARFIL BROWNS MIPST ANDREW	0 1   30	· 733-31176 RET. TEACHER
8. Are you or have you been employed by the County of Santa Barb	)ara? ロ YES 🏞	No If YES, list:
Department:		Date:
Please check appropriate boxes (optional):	10. Education	completed: M. D. 1 d 63.
Ethnic or racial identity: Sex:		& BLOLDGY ATCALANSII
GLWhite GLWhite GLWhale GLWhite GLWhi		
☐ Hispanic	1	upervisor who will receive a copy of this application:
☐ Asian/Pacific Islander ☐ Native American/Alaskan Native	DOGE	EN EARA JA DISTAN
☐ Other (Please specify)		
12. EXPERIENCE: Please explain why you are interested in serving	g and what experie	nce you bring to the Commission or Committee for
which you are applying. TRUSTEE MUMA		
VUCGA SIKIR 2000, OFFICE	1 J. B. C	JUANT SPECIAL DISTRIC
12490CIATION STUNIEYON	17 Q UA	HI WEERS AKI
M05 Q a1 >0 & h		
43 ADDITIONAL INFORMATION: Give any information explaining	your qualifications.	experience, training, education, volunteer activities,
community organization memberships or personal interests that be	ear on vour applicat	ion for above Board, Commission, or Committee.
Attach additional sheets as necessary.  TEARS OF STUDY AT CAL	POLY SL	O 1 N BIOLOGY BOTH
MEENSCIEHCE, AND RE	COURTA	
MERNACIEMIC, HAND LE	> OUNCE	TO A A A A A A A A A A A A A A A A A A A
- PRESENTATIONS ON IN	1V1991V1	E NEENT AND MOHAM
AL STALE DAY NAMONAI.	SCIE NI	I FIC (ON FERENCES)
= ACTIVE IN SOUTHER	N (D/1	FARRIA VECTOR
CONTROL ENVIRONME	HTDI T	DOKE OPER CINI DOMAN
	., ,	11/1/ 1-12 21 N/F/COOK
14. SIGNATURE OF APPLICANT	- A	Dain
14. SIGNATURE OF APPLICANT CHARLES	7 13	NOV'