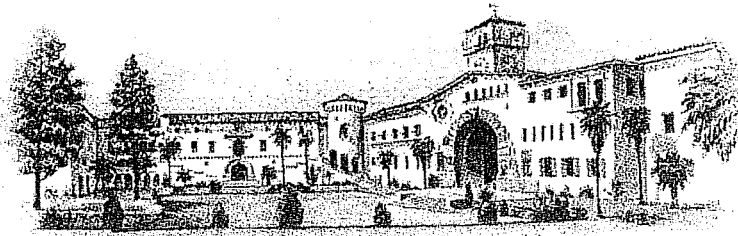


STEVE LAVAGNINO
County Supervisor, Fifth District
steve.lavagnino@countyofsb.org



CORY BANTILAN
Chief of Staff
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SANDY AGALOS
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BECKY GRANT
Administrative Assistant
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SANTA BARBARA COUNTY

Date: October 28, 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: November 8, 2011

I would like to recommend the following for appointment to the Riding and Hiking Trails Advisory Committee:

Name of Appointee: Luis Escobar
Address: 824 South Broadway
City/State/Zip: Santa Maria, CA 93454
Home Telephone: (805) 922-2932
Work Telephone:
Cell Phone: (805) 448-2782
E-mail: Luisescoobar150@gmail.com

Appointee will represent **Fifth District** on this committee.
Position was formerly held by: Vacant
Term expires: Open

Check only if this appointment is filling an unexpired vacancy.

Fifth District Supervisor Steve Lavagnino

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 <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) RECREATIONAL RIDING & HIKING TRAILS CMTE	2. Today's Date: 10/28/11
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3. NAME: ESCOBAR LUIS JAMES <small>Last First Middle</small>	4. E-MAIL ADDRESS: LUISESCOBAR1500 GMAIL.COM
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6. ADDRESS: 824 SO. BROADWAY <small>Number Street</small> SANTA MARIA CA. 93454 <small>City Zip Code</small>	5. TELEPHONE: Home: 805-922-2932 Business: 7905-448-2702
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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.			
B.			
C.			

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

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: Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female 11. Indicate Supervisor who will receive a copy of this application: Lavagnino
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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.

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.

14. SIGNATURE OF APPLICANT

 X **LUIS ESCOBAR**