## 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

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COMBRACE SANTA BINESAR

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.

APPLYING FOR: (Use specific title)  (BMMSS   Med   Memble		2. Today's Date:  Mach 14, 09			
NAME: Debwah  Last Pirst	-				
ADDRESS: 273 Vedy Sted Street		<del>-</del>	Home: 803686847)		
Solvery CA 9346	Business: <u>80</u>	Business: 8056989479			
REFERENCES: Give names and addresses of three persons, not	relatives, who h	ave knowledge of yo	our character, experien	ce, commu-	
nity involvement, and abilities.  NAME ADDRESS TELEPHONE NUMBER OCCUPATION					
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. Are you or have you been employed by the County of Santa Barba	ara? D YES	No If YES, list:	טאינקר	tec	
Department: Title: Dates			_ Dates:		
Please check appropriate boxes:  Ethnic or racial identity: Sex:  White Under Male  Representation Male  Representation Male  Representation Male	10. Education completed:  British of Suence, arthurn				
☐ Black (African American) ☐ Female ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American/Alaskan Native ☐ Other (Please specify)	11. Indicate supervisor who will receive a copy of this application:				
2. EXPERIENCE: Please explain why you are interested in serving which you are applying.  Leave been very in a ower 14 you'll valley and Santa But Syn Tuu Uvb; Hylmal Di	ne con lector	hu volt resident of Wand	IN SANTA OF 11 Trunoi	legy	
<ol> <li>ADDITIONAL INFORMATION: Give any information explaining community organization memberships, or personal interests that Attach additional sheets as necessary.</li> </ol>	your qualification t bear on your ap	s, experience, traini plication for above B	ng, education, volunte loard, Commission, or	er activities, Committee.	
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4. SIGNATURE OF APPLICANT					

CLB-1 (Rev. 10/99)