APPLICATION FOR

COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE

Return to: Clark, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407

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Copy to Supervisor

Santa Barbera, CA 93101 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. 2. Today's Date: 1. APPLYING FOR: (Use specific title) 5.B.C+ 12/9/ 3. NAME: 4, E-MAIL ADDRESS: 5. TELEPHONE: 6. ADDRESS: Home: Business; 7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, communly involvement, and abilities. ADDRESS TELEPHONE NUMBER NAME 8. Are you or have you been employed by the County of Santa Barbara? D YES X No If YES, list: Date: Department: 10. Education completed: 9. Please check appropriate boxes (optional): Ethnic or racial identity:-Sec White D Black (African American) □ Male 🖫 Female 11. Indicate Supervisor who will receive a copy of this application: ☐ Hlapenic DAsian/Pacific Islander □ Native American/Alaskan Native Other (Please specify) 12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for retired from the University of California as the tional background necessary 13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that beer on your application for above Board, Commission, or Committee. responsible for a very large and complex , frior to becoming the Reechancellor as the campus controller, which reporting on I poratio 14. SIGNATURE OF APPLICANT