APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE

Return to: Clerk of the Board of Supervisors 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101

DA	TΕ	RE	CE	IVI	ΞD

☐ Copy to Supervisor

Instructions:	Please	complete	each	section	below.	Be	sure	to	enter	the	title	of ·	the	Board,	Commis	ssion (or	Committee	(only	one per
application)	for which	ch you des	ire co	nsiderati	ion in B	ox 1	For	mo	re cor	nple	te inf	orm	natio	n or as	sistance	, conta	act	the Clerk of	the E	Board of
Supervisors.	Please p	rint in ink	or typ	e. Pleas	e note t	hat <i>i</i>	ALL in	for	matio	n pro	vided	d is a	a ma	atter of	public r	ecord,	an	d is subject t	o disc	losure.

Supervisors. Ple	ease print in ink or type	. Please note that ALL inf	ormation provided is	a matter of	public recor	d, and is subject to disclosure.	
1. APPLYING FOR	: (Use Specific Title of Boa		2. TODAY'S DATE:				
3. NAME:			4. E-MAIL ADDRESS:				
	Last	First	Middle				
6. ADDRESS:					5. TELEPHO	NE:	
					Home:		
	Number		Street				
	City		Zip Code		Business:		
7. REFERENCES:	•	sses of three (3) individual		have knowled	lge of vour	character, experience, community	
involvement, and		(-,	. (0 7	· · · · · · · · · · · · · · · · · · ·	
	NAME		ADDRESS	TELE	PHONE	OCCUPATION	
8. Are you, or hav	ve vou ever heen, employ	red by the County of Santa B	arhara?		П	No ☐ Yes - if yes, list below	
or and you, or man	te you ever been, employ	cu sy the county of cuntu s				ito a res ii yes, iise below	
Department:		Tit	tle:			Date:	
9. PLEASE CHECK	APPROPRIATE BOXES (OI	PTIONAL):	10. EDUCATIO	N COMPLETED):		
Ethnic or Racial Id	lentity:	Sex:					
□ White		□ Male					
☐ African America☐ Hispanic	an	□ Female	11 INDICATES	SLIDEBVISOR W	/HO WILL BE	CEIVE A COPY OF APPLICATION:	
☐ Asian/Pacific Isl	lander		II. INDICATE S	JOP ERVISOR V	VIIO WILL ILL	CLIVE A COFT OF AFFLICATION.	
□ Native America							
□ Other (please s	pecify):						
	Please explain why you	are interested in serving, an	d what experience you	bring to the	Committee. A	Attach additional documentation as	
necessary.							
						r activities, community organization	
memberships, or	personal interests that be	ear on your application for the	e above Board, Commis	sion or Commi	ttee. Attach a	additional sheets as necessary.	
14. SIGNATURE	OF APPLICANT:						