APPLICATION

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 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) ARTS COMMISSION)	4th District	2. Too	day's Date:
3. NAME:	I'M DISITICI	me	rch 28, 2013
FA=:5-:1 3	.,	4. E-MAIL ADDRESS:	
FRENCH BRENDA	Μ.		
Last First	Middle		
6. ADDRESS:		5. Telephone:	
		Home:	
			-
-	_	Business: 10/17	
7 REFERENCES: Civil and Ci	Lip oods		
 REFERENCES: Give names and addresses of three community involvement, and abilities. 	ee persons, not relatives, who	have knowledge of your	character, experience,
NAME ADDRESS		PHONE NUMBER	OCCUPATION
JEAN JACOBY.			Ret.
LOLA DAY			Ret.
GINNY BRUSH			EXEC. DIR.
Are you or have you been employed by the County of	of Santa Barbara? VES	No If VEC list	JOC ATTS COM
epartment:	Title:		
Diagonales	nue	Dates:	
Please check appropriate boxes: Ethnic or racial identity: Sex:	10. Education comp	1 -	
White Male	M.5 1	ART EDUCA	TION
Black (African American) Hispanic	11. Indicate supervis	sor who will receive a cop	v of this application:
Asian/Pacific Islander			, or and application.
Native American/Alaskan Native Other (Please specify)	Peter Ada	m, 4 th District	
EXPERIENCE: Please explain why you are interested inch you are applying. AND SOLVE SOLVE OF	the Arls	Commission in	ion sime
manusion provide	2 This of	pertunite	4.
SIGNATURE OF APPLICANT Som	le m. Ti	m/l	