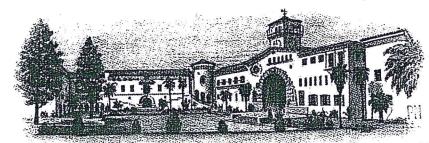
SALUD CARBAJAL First District Supervisor

JEREMY TITTLE Chief of Staff

ERIC FRIEDMAN District Representative

LISA VALENCIA **SHERRATT** District Representative



BOARD OF SUPERVISORS 105 East Anapamu Street, 4th Floor Santa Barbara, California 93101

TELEPHONE: (805) 568-2186 FAX: (805) 568-2534 www.countyofsb.org/bos/carbajal E-mail: Scarbajal@sbcbosl.org

□ Letter of Resignation on file ☐ Vacancy Notice on file

□ Beginning date ___ □ Ending date __

CLERK OF THE RD OF SUPERVISORS **COUNTY OF SANTA BARBARA**

Date: April 21, 2014 Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara, CA 93101 RE: Committee, Commission or Board District Appointment For placement on the Board of Supervisors agenda for the meeting of: May 6, 2014 I would like to recommend the appointment/ reappointment of the following person to the Advisory Board on Alcohol and Drug Problems: Salutation: \bowtie Mr Mrs Full Name of Appointee: Oscar Sepulveda II Address: City/State/Zip: Home Phone: Work Phone: E-mail: Appointee will represent the First District on this commission. Position was formerly held by: Dave Novis Check box only if this appointment is filling an unexpired vacancy. First District Supervisor: Salud Carbajal COB Information Verification RECEIVED

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STDISTRICT C

APPLICATION FOR

COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE Return to: Clerk, Board of Supervisors

Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101 2014 NAR 26 AM 11: 49

COUNTY OF SANTA BAREARA
COPY to SUPERVISORS
SOARD OF SUPERVISORS

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 eliqibility. Please print in ink or type.

Office. This application shall be maintained for a period of one year only. year of eligibility. Please print in ink or type.	After one year it is necessary t	to file a new application for another	
1. APPLYING FOR: (Use specific title) ADVISORY DOAND ON ALCOHOL AND	DEVG PROBLEMS	2. Today's Date: 3-26-2014	
3. NAME:	4. E-MAIL ADD		
SEPUNTAN USCAR ARMA	NDO C. "		
	5. TELEPHON	F:	
6. ADDRESS:			
Number Street	Home:	/	
SAWTA BARBARA CA. 9316	Business: (
7. References: Give names and addresses of three persons, not relative nity involvement, and abilities.		- 0 = =	
NAME ADDRESS	TELEPHONE NUMBER	OCCUPATION	
A MICHAELOISON ".		BUSINESSYAN	
WOHN BOWHAN	-1-/	CPA	
C. RON PERRY THEN IN		ATT. AT LAW	
8. Are you or have you been employed by the County of Santa Barbara?	☐ YES X No If YES, list	:	
Department:	Title:	Date:	
9. Please check appropriate boxes (optional):	10. Education completed:		
Ethnic or racial identity: Sex: White Male	AW DEGREE - V	LENEE- TURIS DOCTOR.	
☐ Black (African American) ☐ Female ☐ Hispanic	11. Indicate Supervisor who will	upervisor who will receive a copy of this application:	
☐ Asian/Pacific Islander ☐ Native American/Alaskan Native	HONORABIE		
☐ Other (Please specify)	SALUD CARVA	2 TAL	
12. EXPERIENCE: Please explain why you are interested in serving and which you are applying. My WORK WITH LEGAL OF ALCOHOL ABUSE AND DRUG ADDIO ELDERS AND CHILDREN ATE EXAMO PHYTICAL ABUSE BY PEOPLE AND CONCERN ABOUT FAMILY ME	AND EXPOSED IN THE THE TO POSED TO VIALE PLE UNITELETO EMBLES HOCKED	TO THE EFFECT ANY I VIES, PENTAL CONTROL D AN DANGS,	
13. ADDITIONAL INFORMATION: Give any Information explaining your community organization memberships, or personal interests that bear on Attach additional sheets as necessary. LEGAL RESOURCE CENTER VOLUNTEER VINITED WAY AlloCATION COMMINITED WAS ANGELES OLYMPIC TORCH COMONESSIONAL REPATION TINTERWATTOWAL Alliam GIVE	ualifications, experience, traini your application for above Boa	ng, education, volunteer activities, rd, Commission, or Committee.	
UNITED WAY AlloCATION COMM	HEE UPS G	OMMUNIT PELATION	
MAN HOOL! UPS FOUNDATION (S.	AGUE, HAVEN	HOUSE - 100 MEN	
LOS ANGELES OLYMPIC TORCH	RELAY-WAT	TS MOTHER OF	
UPS CONORESSIONAL RELATION	NS MANAGE	R. ALS ASS BO	
INTERNATIONAL AllIANGUCE	METY SER I B	CYD MU GIRLS CLUB	