Date: 6/9/14

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: 6/17/14

I would like to recommend the <u>appointment</u> of the following person to the Oak Hill Cemetery Board:

Jones

Salutation:	Mr.
Full Name of Appointee:	Allan
Address:	
City/State/Zip:	
Home Phone:	
Work Phone:	
E-mail:	

Appointee will represent the Third District on this commission. Position was formerly held by: Judy Adam This appointment **is** filling an unexpired vacancy.

Third District Supervisor: Doreen Farr

Doraen Faux

Signed by:

COB Information Verification				
Letter of Resignation on file				
Vacancy Notice on file				
Term:				
□ years				
Beginning date				
Ending date				

		·····			
APPLICATION FOR			DATE RECEIVED		
COUNTY OF SANTA BARBARA					
BOARD, COMMISSION OR COM	MITTEE				
Return to: Clerk of the Board of Sup	pervisors				
105 E. Anapamu Street, Room 407					
Santa Barbara, CA 93101		Copy to Supervisor			
Instructions: Please complete each section below.	Be sure to on	tor the title of th	·	· · · · · · · · · · · · · · · · · · ·	
application) for which you desire consideration in Bo Supervisors. Please print in ink or type. Please note th	ox 1. For more	complete information	tion or assistance, o	contact the Clerk of the Board of	
1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)			2. TODAY'S DATE:		
OAK HILL CEMETERY DISTRICT - TRUSTEE		MAN	MAN 14,2014		
3. NAME:	3. NAME:			4. E-MAIL ADDRESS:	
JONES ALLAN	/ S,	NCAR			
Last First		Middle			
6. ADDRESS:			5. TELEPHO	DNE:	
Number	Stree	et	Home:		
SOLVANIG CA	934				
City		Code	Business:		
7. REFERENCES: Give names and addresses of three (3)			e knowledge of your	character experience community	
Involvement, and abilities.					
NAME	A	DDRESS	TELEPHONE	OCCUPATION	
RW. CHARLES STACY	Sølv	* 14×16-		MIMS TER	
HOWARD VARNER	SOLIMAL			RETTRED	
KON HARWOOD	SOLV	. YAN 61		Reneed	
8. Are you, or have you ever been, employed by the County of Santa Barbara?				No 🗆 Yes - if yes, list below	
Department: Title:			2.1		
	muc			Date:	
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL): 10. EDUCATION COMPLETED: Ethnic or Racial Identity: Sex:					
🗆 White	d Male	electro contracto con			
African American Hispanic	I Female	HIGH SCHOOL, COLLEGE			
□ Asian/Pacific Islander		11. INDICATE SUP	11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:		
Native American/Alaskan Native					
Other (please specify): EXPERIENCE: Please synthesis in the second statement in the second st	·····				
12. EXPERIENCE: Please explain why you are interested in s necessary.				Attach additional documentation as	
RECESSARY. FRANILY HISTORY, CARE ABOUT COMMUNITY AND PEOPLE					
13. ADDITIONAL INFORMATION: Give any information expla	ining qualification	s experience trainir	a aducation volunta		
13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.					
INVOLVED IN COMMUNITY					
Allan K 1					
14. SIGNATURE OF APPLICANT:					