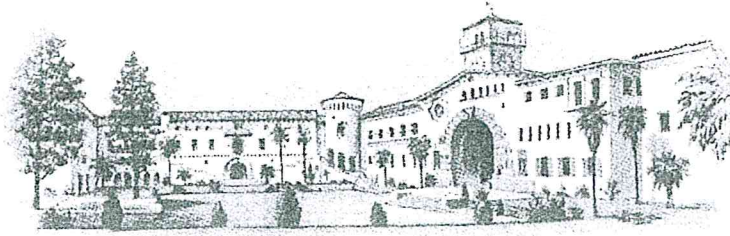


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SANTA BARBARA COUNTY

Date: August 27, 2014

Clerk of the Board of Supervisors
County of Santa Barbara
105 East Anapamu Street
Santa Barbara, CA 93101

For placement on the agenda for the meeting of: September 9, 2014

I would like to appoint the following individual for appointment to the Mental Health Commission:

Ann Bartlett Eldridge

Appointee will represent the **Fifth District** on this committee
Position was formerly held by: Margie Lopez
Term expires: 9/9/2018

Fifth District Supervisor Steve Lavagnino

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	DATE RECEIVED <div style="text-align: right;"><input type="checkbox"/> Copy to Supervisor</div>		
Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.			
1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee) Mental Health Commission	2. TODAY'S DATE:		
3. NAME: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Eldridge Ann Bartlett </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> _____ Last _____ First _____ Middle </div>	4. E-MAIL ADDRESS:		
6. ADDRESS: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Number _____ Street </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ City _____ Zip Code </div>	5. TELEPHONE: Home: _____ Business: _____		
7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.			
NAME	ADDRESS	TELEPHONE	OCCUPATION
Takashi Wada			Interim Dir ADMHS
Michael Craft			ADMH Clinical Services Director
Michael Gorodezky			Ret MH Clinician & MHC Commission 2nd Dist.
8. Are you, or have you ever been, employed by the County of Santa Barbara? <div style="float: right;"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - if yes, list below </div>			
Department: _____ Title: _____ Date: _____			
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL): Ethnic or Racial Identity: <input checked="" type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (please specify): _____		10. EDUCATION COMPLETED: <div style="font-size: large; text-align: center;">RN & AA</div>	
		11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:	
12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary. I have served on the Commission since the 1990's and feel that experience, as well as my service and leadership on other Mental Health Local and State Boards, can help the MHC understand and be effective in helping ADMHS effect the much needed and ongoing Systems Change effort and to carry out it's mandated role of advising the Board. I currently serve on the CEO's System Change Steering Committee Currently member of the Client/Family Advisory Committee. Current Member and Vice President of PLAN (Planned Lifetime Assistant Network) I also have a family member who receives ADMH services.			
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. President SSBCo NAMI (National Alliance on Mental Illness) 1988-2014 Board member California Alliance On Mental Illness 1991- 1994 -Vice President 1993 & 1994 3rd District Woman of the Year award 1997 Received National Mental Health Association "Sandy Brandt" Award 1999 Member and (President 1994) California Coalition for Mental Health Other community activities include ; Volunteer SB Botanic Garden- Started Garden Growers 1970's. School PTA membership Life time award ;volunteer SBCC Botany Dept			
14. SIGNATURE OF APPLICANT: <u>Ann B. Eldridge</u>			