

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

2015 JAN 26 PM 1:32

☐ Copy to Supervisor

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)

Human Services Commission - 3rd District

2. TODAY'S DATE:

01/22/15

3. NAME:

Fitzpatrick Michele A
Last First Middle

4. E-MAIL ADDRESS:

michele@ox.net

6. ADDRESS:

2630 State St. # 8
Number Street
Santa Barbara, CA 93105
City Zip Code

5. TELEPHONE:

Home: (805) 569-3752

Business: (805) N/A

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
Ronin Riser	1888 Edison 91V	(805) 686-9153	Retired SBA Dept Head
Michele Mickiewicz	3656 San Gabriel 513	(805)	Retired SBA Asst. Dept Head
Maria Gardner	Dept. of Social Service	(805) 346-8289	Deputy Director

8. Are you, or have you ever been, employed by the County of Santa Barbara?

☐ No ☐ Yes - if yes, list below

Department: Social Services Title: Deputy Director Date: 1971 - 2009

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):

Ethnic or Racial Identity:

- ☒ White
☐ African American
☐ Hispanic
☐ Asian/Pacific Islander
☐ Native American/Alaskan Native
☐ Other (please specify):

Sex:

- ☐ Male
☒ Female

10. EDUCATION COMPLETED:

BA - UCSB

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:

Doreen Farr

12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.

Please see attached

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.

Please see attached

14. SIGNATURE OF APPLICANT:

Michele Fitzpatrick

Michele A. Fitzpatrick

Application to serve on the SBC Human Services Commission 0716/14

12. EXPERIENCE

I am interested in serving on the HSC because I am committed to continuing to serve our community specifically the segment that the HSC serves through the allocation of monies to proven non-profits

I was the Department of Social Services Deputy Director from 1988 until my retirement in 2009. I oversaw Information Technology, Fiscal Operations, Contracts, Human Resources, Labor and Employee Relations, Staff Development and Training, Facility Planning and Management, Disaster Preparedness and Emergency Response, Civil Rights, Appeals and Hearings as well as a key member of the Executive Team. I am familiar with the demographics of our county and the allocation of resources to meet the needs of those served by the HSC. My experience in budgeting and contract monitoring would support the work of the HSC.

13. ADDITIONAL INFORMATION

Since my retirement I have continued to work at DSS as a management consultant and trainer. I am currently volunteering with the Central Coast Collaborative on Homelessness (C3H) primarily with the development of training for volunteers who will be participating in the required point in time homeless count through the county in January 2015.