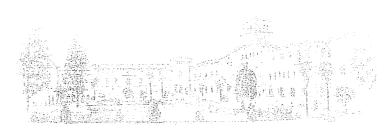
#### JANET WOLF

County Supervisor, Second District

#### MARY E. O'GORMAN Chief of Staff

# HILARY R. CAMPBELL

Board Administrative Assistant



#### SANTA BARBARA COUNTY

### **BOARD OF SUPERVISORS**

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

TELEPHONE: (805) 568-2191 FAX: (805) 568-2283 E-mail: jwolf@sbebos2.org www.countyofsb.org/bos/wolf

Date: July 9, 2015

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: July 21, 2015

Re: Human Services Commission

I would like to recommend the following for the <u>appointment</u> to subject Committee, Commission or Board:

Full Name of Appointee: Sharon A. Siegel

Address: E-mail: ssiegel23@gmail.com

City: Santa Barbara State: CA Zip: 93109 Salutation: Ms.

Telephone: Second District on this commission.

Appointment Expires on: 6/30/2018

Second District Supervisor Janet Wolf

Signed By:

Clerk of the Board: Please send minute order to:

- 1) Susan Foley, CSD
- 2) Sharon Siegel, see address above
- 3) Hilary Campbell, Second District Office

## APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE

Return to: Clerk of the Board of Supervisors

14. SIGNATURE OF APPLICANT: Charon a. Siegel

DATE RECEIVED

105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101				2015 102 −2 102 11: 459 □ Copy to Supervisor			
Instructions: Please of application) for which	omplete each section below. By you desire consideration in Bont tin ink or type. Please note that	se sure to enter (1. For more coret ALL information	the title of t mplete informa n provided is a	he Board, ation or as matter of	public record	, and is subject to disclosure.	
1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)				Į	z. Today's date: July 1, 2015		
					4. E-MAIL ADDRESS:		
з. name: Siegel	Sharon	Α΄			_ ssiegel23@gmail.com		
Last	Middle			5. TELEPHONE:			
6. ADDRESS:				Home:			
Number Santa Barbara		Street 93109			Retired Business:		
		Zip Code					
7 DEFEDENCES: Give	City names and addresses of three (3)	individuals (not r	elatives) who h	nave knowle	dge of your	character, experience, community	
involvement, and abilities.					EPHONE	OCCUPATION	
NAME		ADL	ORESS	- 1	LITIONE	Consultant	
Pat Wheatley  Annmarie Cameron				1		EO Mental Wellness Cer	
Melinda Staveley					4	P Cottage Rehab Hospi	
	<u> </u>	■ No □ Yes - if yes, lis					
8. Are you, or have you	ever been, employed by the Count	y of Santa Barbara?				•	
Department:		Title:				Date:	
9. PLEASE CHECK APPR		10. EDUCATION COMPLETED:  Colllege  11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:  Janet Wolf					
Ethnic or Racial Identity  Market White	thnic or Racial Identity: 1 White 1 African American						
☐ African American							
□ Hispanic □ Asian/Pacific Islander						•	
□ Native American/Alaskan Native							
12. EXPERIENCE: Please	): e explain why you are interested in	serving, and what	experience you	ı bring to th	e Committee.	Attach additional documentation a	
Provide food to Ventura/Santa E Programs and a Congress Walte	o Santa Barbara 25 years many homeless and low i Barbara County for Luther dministering FEMA funds r Capps and Lois Capps.	s ago I was in ncome familio an Social Sei . 1997-2013	volved in mes. From 19 rvices of Sc I served as	ny comm 994-1996 outhern C s the Dist	unity crea 6 I was the California, rict Direct	ting a non-profit to e Regional Director, overseeing their or the Members of	
13. ADDITIONAL INFO memberships, or person	RMATION: Give any information exponal interests that bear on your appl	olaining qualification ication for the abov	ns, experience, t re Board, Commi	raining, edu ission or Con	cation, volunto	eer activities, community organizati haduttonal sheets as necessary.  UL 22015	
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