APPLICATION FOR

COUNTY OF SANTA BARBARA BOARD,

COMMISSION, OR COMMITTEE
Return to: Clerk, Board of Supervisors
County Administration Building
105 E. Anapamu Street, Room 407
Senta Barbara, CA 93101

DATE RECEIVED

Copy to Supervisor

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 Clark, 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 eligibility. Please print in ink or type.

Office. This application shall be n year of eligibility. Please print in	naintained for a period of one year of this or type.	only. After one yes	r it is necessary t	o file a new application for another
1. APPLYING FOR: (Use specific	•			2. Today's Date:
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MILLS	ANDREW	Midso	1	
6. ADDRESS:			6. TELEPHONE	<u> </u>
			Home:	
Number	Stock			
			Business:	
7. References: Give names and	cay addresses of three persons, not re	ZpCodo fothuse who have b	coulodes of your	abanatas amadasas
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C. PAUL VAN LEKA				Parmer
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Department:		Tillo:_		_ Date:
9. Please check appropriate boxe	· · · · · · · · · · · · · · · · · · ·	10. Education	completed:	
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Cities (Please specify)	Ð			
12. EXPERIENCE: Please explair	n why you are interested in serving	and what experien	ce you bring to th	R Commission or Committee for
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13. ADDITIONAL INFORMATION: community organization members Attach additional sheats as nacea	: Give any information explaining y thips, or personal interests that bes sary.	our qualifications, c ur on your application	xperience, trainin in for above Boar	g, education, volunteer activities, d, Commission, or Committee.
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14. SIGNATURE OF APPLICANT	· Sund	1-11		
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APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE

DATE RECEIVED

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Instructions:	Please	complete	each	section b	oelow.	Be sure	to en	ter the	title	of the	Board,	Commiss	sion or	Committee	(only	one per
application) (for whic	h you des	ire cor	sideratio	n in Bo	x 1. For	more	compl	ete inf	ormati	ion or a	ssistance,	contac	t the Clerk o	of the I	Board of
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application) for which you desire consideration in Box 1. For mor	e complete information or	assistance, co	ntact the Clerk of the Board of
Supervisors. Please print in ink or type. Please note that ALL inform	lation provided is a matter	of public recor	d, and is subject to disclosure.
1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)		2. TODAY'S E	PATE:
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3. NAME:		4. E-MAIL AD	DRESS:
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Number	-	-	
		Business:	
City Zi	p Code		
7. REFERENCES: Give names and addresses of three (3) individuals (n involvement, and abilities.	ot relatives) who have know	rledge of your o	character, experience, community
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	ADDRESS TE	LEPHONE	OCCUPATION
Andr Mills			
Andy Caldwell			
Dave CAmpbell			Pres SBICA
			11-2 290-27
8. Are you, or have you ever been, employed by the County of Santa Barba	ra?	o N	lo □ Yes - if yes, list below
Department: Title		_	
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9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):			
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