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SALUD CARBAJAL

First District Supervisor

JEREMY TITTLE

Executive Staff Assistant

MARY ELLEN WYLIE

Administrative Assistant

ERIC FRIEDMAN

Administrative Assistant



COUNTY OF SANTA BARBARA

BOARD OF SUPERVISORS

105 East Anapamu Street Santa Barbara, California 93101

TELEPHONE: (805) 568-2186 FAX: (805) 568-2534

E-mail: supervisorcarbajal@sbcbos1.org

OCT 2 7 2009

Date: October 14, 2009 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: 10/27/09 I would like to recommend the \(\sum \) appointment/ \(\sum \) reappointment of the following person to the Library Advisory Committee: Salutation: \bowtie Mr Mrs Ms. Full Name of Appointee: **David Novis** Address: P.O. Box 32 (2521 Banner Ave.) City/State/Zip: Summerland, CA 93067 Home Phone: 805-969-4154 Work Phone: E-mail: dnovis@verizon.net Appointee will represent the First District on this commission. Position was formerly held by: Priscilla Whittaker Check box only if this appointment is filling an unexpired vacancy. First District Supervisor: Salud Carbajal COB Information Verification Signed by: En Jonedin Letter of Resignation on file ☐ Vacancy Notice on file

Term:

yearsBeginning dateEnding date

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD,

Return to: Cterk, Board of Supervisors County Administration Bullding 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101

COMMISSION, OR COMMITTEE

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 epplication please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisoral 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.

year of eligibility. Please print in ink or type.	
1. APPLYING FOR: (Use specific title) BAX L. Seary Adve	
3. NAME: 10 V 15 DAVI) Lest First Misside	4. E-MAIL ADDRESS: / dnovis@vwizon *
8. ADDRESS: P. O. Box 32 252/ Sance	1 Ave Home: 305 969 - 4154
Summer land 9	3067 Business:
7. References: Give names and addresses of three persons, not relatives, nity involvement, and abilities. NAME ADDRESS	who have knowledge of your character, experience, commu- TELEPHONE NUMBER OCCUPATION
1 Dale Wilson 5777 Holliste G	1 0
B. Mark Linehan 533. Dables Si	1 .a
8. Are you or have you been employed by the County of Senta Barbara?	967-934 Owner 1 YES X NO IFYES, list:
Department:	Title: Date:
Ethnic or racial identity: Sex: SAVhite Zi Male Di Black (African American) Di Female —	D. Education completed: MBA - Market Ag I. Indicate Supervisor who will receive a copy of the application.
12. EXPERIENCE: Please explain why you are interested in serving and what expertence you bring to the Commission or Committee for which you are applying. The after sive of the commission or Committee for which you are applying. The after sive of the commission or Committee for which you are applying. The after sive of the commission or Committee for which you are applying to the Commission or Committee for which you are applying to the Commission or Committee for which you are applying to the Commission or Committee for which you are applying to the Commission or Committee for which you are applying to the Commission or Committee for which you are applying to the Commission or	
13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that beer on your application for above Board, Commission, or Committee. Attach additional sheets as necessary. Have owned 3 wewspares in Contraction of the Committee.	
Home Served on Various comm. Here as	
a volunteer	
14. SIGNATURE OF APPLICANT	E) J.
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