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

DA	TΕ	RE	CE	IVI	ΞD

☐ Copy to Supervisor

Instructions:	Please	complete	each	section	below.	Be	sure	to	enter	the	title	of	the	Board,	Commi	ssion (or	Committee	(only	one per
application)	for which	ch you des	ire co	nsiderati	ion in B	ox 1	For	mo	re cor	nple	te inf	orm	natio	n or as	sistance	, cont	act	the Clerk of	f the E	Board of
Supervisors.	Please p	rint in ink	or typ	e. Pleas	e note t	hat <i>i</i>	ALL in	for	matio	n pro	vided	d is a	a ma	atter of	public r	ecord,	, an	d is subject t	o disc	losure.

Supervisors. Ple	ease print in ink or type	. Please note that ALL inf	ormation provided is	a matter of	public recor	d, and is subject to disclosure.		
1. APPLYING FOR	: (Use Specific Title of Boa		2. TODAY'S DATE:					
3. NAME:			4. E-MAIL ADDRESS:					
	Last	First	Middle					
6. ADDRESS:					5. TELEPHO	NE:		
					Home:			
	Number		Street					
	City		Zip Code		Business:			
7. REFERENCES:	•	sses of three (3) individual		have knowled	lge of vour	character, experience, community		
involvement, and		(-,	. (0 7	· · · · · · · · · · · · · · · · · · ·		
	NAME		ADDRESS	TELE	PHONE	OCCUPATION		
8. Are you, or hav	ve vou ever heen, employ	red by the County of Santa B	arhara?		П	No ☐ Yes - if yes, list below		
or and you, or man	te you ever been, employ	cu sy the county of cuntu s				ito a res ii yes, iise below		
Department:		Tit	tle:			Date:		
9. PLEASE CHECK	APPROPRIATE BOXES (OI	PTIONAL):	10. EDUCATIO	N COMPLETED):			
Ethnic or Racial Id	lentity:	Sex:						
□ White		□ Male						
☐ African America☐ Hispanic	an	□ Female	11 INDICATES	SLIDEBVISOR W	/HO WILL BE	CEIVE A COPY OF APPLICATION:		
☐ Asian/Pacific Isl	lander		II. INDICATE S	JOP ERVISOR V	VIIO WILL ILL	CLIVE A COFT OF AFFLICATION.		
□ Native America								
□ Other (please s	pecify):							
	Please explain why you	are interested in serving, an	d what experience you	bring to the	Committee. A	Attach additional documentation as		
necessary.								
						r activities, community organization		
memberships, or	personal interests that be	ear on your application for the	e above Board, Commis	sion or Commi	ttee. Attach a	additional sheets as necessary.		
14. SIGNATURE	OF APPLICANT:							