JOSEPH CENTENO

Fifth District County Supervisor jcenteno@countyofsb.org

ELIZABETH NOSSE Executive Assistant enosse@countyofsb.org



DONNA WESTPHAL Administrative Assistant dwestphal@countyofsb.org

JOYCE CHRISMAN Administrative Secretary jchrism@countyofsb.org

SANTA BARBARA COUNTY BOARD OF SUPERVISORS

Date: January 8, 2010

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: January 12, 2009

RE: Civil Service Commission

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

Salutation:

<u>Mr.</u> (Mrs.)/ <u>Ms</u>

Full Name of Appointee:

Bonnie Royster

Address:

326 Andrews Way

City/State/Zip:

Santa Maria, CA 93455

Home Phone:

805-938-5133

/ Work Phone:

805-680-4254

Appointee will represent: 5th District on this committee.

Position was formerly held by:

Fifth District Supervisor Joseph Centeno

Signed by:

APPLICATION FOR

COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE

Return to: Clerk, Board of Supervisors County Administration Bullding 105 E. Anapamu Street, Room 407 Santa 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 Clerk, 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.

1. APPLYING FOR: (Use specific title) 3. NAME: 4. NA	2. Today's Date: 12-28-09
3. NAME:	
S. C.	4. E-MAIL ADDRESS:
Lust Bill Middle	ROYSTER Bonnie @ gra
6. ADDRESS:	5. Telephone:
326 St. andrew (lay	Home: 805-938-5133
Shake Maria A 98455	Business: 805-680-4354-C
City / Zip Code	in an index of very physicist executiones communication
7. REFERENCES: Give names and addresses of three persons, not relatives, who han ity involvement, and abilities. NAME ADDRESS TELEF	PHONE NUMBER OCCUPATION
Candra Deixerras Strevell Rd 80	5.928 5725 CEO
B. Olamont SopE. Standard	1925-54307ersec
Enrice Museus 12 Andrewoll	on Returned
8. Are you or have you been employed by the County of Santa Barbara? O YES	· .
Department: Title:	Dates:
9. Please check appropriate boxes: Ethnic or racial identity: White Male	ompleted: See alm,
/V	ervisor who will receive a copy of this application:
☐ Native American/Alaskan Native ☐ Other (Please specify)	Ketweel
12. EXPERIENCE: Please explain why you are interested in serving and what exper	rience you bring to the Commission or Committee for
which you are applying. 35 efects in A	Delsonal
admenent atem	
Comment of Lace	•
13. ADDITIONAL INFORMATION: Give any information explaining your qualifications community organization memberships, or personal interests that bear on your app Attach additional sheets as necessary.	s, experience, training, education, volunteer activities, olication for above Board, Commission, or Committee.
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14. SIGNATURE OF APPLICANT	
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