## 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 Cencel Library

DEC 15 2020

## Administration

**Instructions:** Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.

1 ADDIVING FOR ALL CONTRACTOR	The state of the s					
1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)				2. TODAY'S	2. TODAY'S DATE:	
CenCal Health Board of Directors				Decen	December 17, 2020	
3. NAME:				4. E-MAIL A	DDRESS:	
Johnson	Karen	ĻL				
Last	First		Middle			
6. ADDRESS:				5. TELEPHO	NE:	
				Home:		
Number	Street					
					•	
City	7:- 01-		Business: _			
7 REFERENCES: Give names and ac	ddrassas of throa (2) inc	Zip Co		Insuladae of very		
7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.						
NAME		ADDRESS		TELEPHONE	OCCUPATION	
Jo Black					ILRC	
Steve Jacob	sen				Goleta Presbyterian	
Jerry Davi	s				Easy Lift	
8. Are you, or have you ever been, employed by the County of Santa Barbara?						
Department: Title:				Date:		
9. PLEASE CHECK APPROPRIATE BOXE	S (OPTIONAL):		10. EDUCATION CO	MPLETED:		
Ethnic or Racial Identity:	hite D		ex:			
■ White  □ African American			Some College			
□ Hispanic .		male	11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:			
☐ Asian/Pacific Islander	•		22	AVISON WITO WILL NE	CELVE A COPT OF AFFEICATION.	
□ Native American/Alaskan Native			Supervis	or Joan F	Hartmann	
□ Other (please specify):						
12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.						
Incumbent Board Member						
mounibent board Welliber						
13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization						
memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.						
14. SIGNATURE OF APPLICANT: Kaser & James						

## Karen Leslee Johnson

I was born at St Francis Hospital in Santa Barbara. I attended Goleta Union School, Santa Barbara Junior High, San Marcos High School and Santa Barbara Community College. I was diagnosed with multiple sclerosis in 1979, while living in Arizona.

I currently serve on the board of directors of Easy Lift Transportation and Pilgrim Terrace Cooperative Homes. I am on the Advisory Committee for In Home Supportive Services for Santa Barbara County. I have been on the board of directors of CenCal Health since 1995.

I was employed by Special Education for Santa Barbara County Schools for 17 years and as a solicitor for Alpha Thrift Store for three years.