

**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
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) _____ 2. Today's Date: _____

3. NAME: _____ 4. E-MAIL ADDRESS: _____

Last
First
Middle

6. ADDRESS: _____ 5. TELEPHONE: _____

Number
Street

City
Zip Code

 Home: _____
 Business: _____

7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
A.			
B.			
C.			

8. Are you or have you been employed by the County of Santa Barbara? YES No If YES, list:
 Department: _____ Title: _____ Date: _____

9. Please check appropriate boxes (optional): Ethnic or racial identity: <input type="checkbox"/> White <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (Please specify)	10. Education completed: 11. Indicate Supervisor who will receive a copy of this application:
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12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for which you are applying.

13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee. Attach additional sheets as necessary.

14. SIGNATURE OF APPLICANT

X