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| 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 <input type="checkbox"/> 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: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; font-size: small; margin: 0;"> Last First Middle </div> | 4. E-MAIL ADDRESS: | | |
| 6. ADDRESS: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; font-size: small; margin: 0;"> Number Street </div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; font-size: small; margin: 0;"> City Zip Code </div> | 5. TELEPHONE: 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? <input type="checkbox"/> YES <input type="checkbox"/> 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: | |
| 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 <div style="text-align: right;">X _____</div> | | | |