



## Children & Families Commission

### Advisory Board Application

FIRST 5 Santa Barbara County, Children & Families Commission (First 5 SBC) is requesting applications for membership on the Advisory Board to the Commission. Membership of the Advisory Board will not exceed 25 persons, and will be representative of the rich diversity of interests, geographical regions, economic backgrounds and cultural and ethnic heritage of our County residents. The Advisory Board will also include a member from an agency representing tobacco cessation.

Advisory Board membership terms will be for two years. Currently, meetings are held no less than four times a year, at mid-County locations. Associated costs will be reimbursed to Advisory Board members.

Advisory Board members will be asked to provide advice to the Commission on a variety of topics, provide assistance with community outreach and education, and assist First 5 SBC with its annual update of the Strategic Plan.

**Please submit applications to:**

**First 5 Santa Barbara County  
Children & Families Commission  
1306 Santa Barbara Street  
Santa Barbara, CA 93101**

**Or**

**218 W. Carmen Lane, Suite 111  
Santa Maria, CA 93458**

**(For further information, please call (805) 884-8085/Fax: (805) 564-8586**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX (if available): \_\_\_\_\_

Email (if available): \_\_\_\_\_



Are you affiliated with any organizations having common interest in the focus of the Children and Families Commission? Yes ( ) No ( ) If yes, which one(s)?

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Your ethnic background (optional): \_\_\_\_\_

**Santa Barbara County Regional Representation:**

- |                        |                          |                    |                          |
|------------------------|--------------------------|--------------------|--------------------------|
| Carpinteria/Summerland | <input type="checkbox"/> | Santa Barbara      | <input type="checkbox"/> |
| Goleta                 | <input type="checkbox"/> | Isla Vista         | <input type="checkbox"/> |
| Santa Ynez Valley      | <input type="checkbox"/> | Los Alamos         | <input type="checkbox"/> |
| Lompoc Valley          | <input type="checkbox"/> | Santa Maria Valley | <input type="checkbox"/> |
| Guadalupe              | <input type="checkbox"/> | Cuyama/New Cuyama  | <input type="checkbox"/> |

**Santa Barbara County representation of Topical expertise (check all that are applicable):**

- |                             |                          |                               |                          |
|-----------------------------|--------------------------|-------------------------------|--------------------------|
| Early Care and Education    | <input type="checkbox"/> | Wellness & Health             | <input type="checkbox"/> |
| Family/Caregiver Support    | <input type="checkbox"/> | Alcohol, Drug & Mental Health | <input type="checkbox"/> |
| Children with Special Needs | <input type="checkbox"/> | Prenatal/maternal health      | <input type="checkbox"/> |
| Parent of Child age 0-5     | <input type="checkbox"/> | Expectant parent              | <input type="checkbox"/> |
| Funding Partner             | <input type="checkbox"/> | Tobacco Cessation             | <input type="checkbox"/> |
| Other: _____                | <input type="checkbox"/> |                               |                          |

*(There will be no less than two parents of young children on this Advisory Board.)*

*Please make a brief statement on your interest and expertise in joining the Advisory Board, and what you feel you can bring to the Board.*

Please list two (2) references:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_