



ADMINISTRATIVE OFFICE

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APPLICATION FOR APPOINTMENT TO A  
SAN LUIS OBISPO COUNTY BOARD OF SUPERVISORS  
BOARD, COMMISSION OR COMMITTEE

Board of Supervisors  
San Luis Obispo County

Date 12/1/12

Applying for appointment to AREA BOARD 9 ON DEVELOPMENTAL DISABILITIES  
(Name of Board, Commission or Committee)

General Information

Name Allen Barbee

Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Supervisorial District \_\_\_\_\_ Years resided in County 4

Employment & Education

Employer Name (if retired/unemployed list previous employer) \_\_\_\_\_

High School Graduate or General Education (GED) Test passed? Yes  No   
If no, list the highest grade completed \_\_\_\_\_

List any/all College, Business School, and/or Military experience (most recent first)

Qualifications

List work experience, training, volunteer activities, and skills relevant to this appointment

People 1st, SLO tri-counties Regional Center  
Board of Directors, self advocacy,

List dates/names of positions you have held on any advisory body or elected office

2000-present

List Membership to Organizations

I would like to be a voice for the disabled.

Please explain why you would like to serve in this capacity

VTCADD Board of Directors  
Area Board 9  
2010 to present governor's appointee

If appointed, are you willing to participate in the majority of meetings each year, and if necessary, in numerous related meetings or subcommittees?

Yes  No  Comments \_\_\_\_\_

If appointed, and if required, are you willing to file a Statement of Disclosure as a Public Official Under the standards of the Fair Political Practice Commission?

Yes  No  Comments \_\_\_\_\_

If appointed, do you want to have your address or telephone number(s) published?

Yes  No  Comments \_\_\_\_\_