

CITY OF SANTA BARBARA  
PARKS AND RECREATION DEPARTMENT

Application for Appointment to

Adapted Programs      Advisory Committee

*(City employees are not eligible to serve on the Advisory Committee)*

APPOINTMENT                       RE-APPOINTMENT

Name: Anne Dupee

Home Address/City/Zip Code: 1129 Olive st, SB, CA, 93101

Business Address/City/Zip Code: 423 W Victoria, SB, CA, 93101

Home Telephone Number: 708-1901      Business Phone Number: 962-6699 x 2

Facsimile Number: \_\_\_\_\_ E-mail Address: adupee@ucpworkinc.org

Who will you represent? *(An organization, community at large, etc.)* \_\_\_\_\_

UCP/WORK, Inc.

**EXPERIENCE/BACKGROUND**

Education: UCP/WORK, Inc.

Present Occupation/Position Title: Health & Wellness Coordinator

Memberships in Organizations: \_\_\_\_\_

If appointed as an Advisory Committee member, please share what expertise you will offer the Committee:

Employed in our industry and have established relationship with the population we serve.  
Provide ability to bring feedback from participants  
Strong Managerial and program development background  
In touch with the needs and hopes of the people we serve.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you served on this committee or any City Committee in the past?  Yes       No

If so, please identify the Committee and the dates you served: Dec 2005-Dec 2007  
Parks & Rec Adapted Programs

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Signature

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Date