

REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF SAN BERNARDINO COUNTY, CALIFORNIA
AND RECORD OF ACTION

2m

December 13, 2011

FROM: BRAD MITZELFELT, First District Supervisor
Board of Supervisors

SUBJECT: BOARDS, COMMISSIONS & COMMITTEE ACTIONS

RECOMMENDATION(S)

Approve the appointment of Michael R. Grabhorn to the Behavioral Health Commission (Seat 14), First District.

MEMBER INFORMATION

Member Name: Michael R. Grabhorn
Member Address: [REDACTED]
Member City, State, Zip: [REDACTED]
Member Telephone Number: [REDACTED]
Alternate Telephone Number: [REDACTED]

POSITION INFORMATION

Date Posted or Expired: 1/31/2009
Replaces: David H. Ford

TERM INFORMATION

Term: Unexpired
Term Expiration Date: 1/31/2012
Length of Underlying Term: 3 years

FINANCIAL IMPACT

This action does not involve a federal program or the use of any federal funds.

BACKGROUND INFORMATION



**APPLICATION FOR APPOINTMENT TO COUNTY
 BOARD, COMMISSION OR COMMITTEE**

Please fill out each section that applies to you as completely as possible. Additional information may be required for some boards, commissions and committees.

Name of Board, Commission or Committee applying for:
 COUNTY OF SAN BERNARDINO BEHAVIORAL HEALTH COMMISSION

For appointment to some boards and commissions, there is a requirement of property ownership within the subject area. If this requirement applies to your application, please indicate if you meet this requirement. Yes No

Personal Information:

Your Name: First: MICHAEL Last: GRABHORN Middle Initial: R
 Home Address: 14250 BOREGO RD. , F-101 City: VICTORVILLE Zip: 92392
 Mailing Address: 14250 BOREGO RD. , F-101 City: VICTORVILLE Zip: 92392
 Home Phone: (760) 221 - 5242 Alternate Phone No.: () -
 Email Address: mikegrabhorn@yahoo.com

Citizenship/Supervisory District Information:

Are you a citizen of the United States? Yes No If no, country of citizenship: _____
 Are you a registered voter? Yes No If yes, county where you are registered: SAN BERNARDINO
 Check the supervisory district in which you reside: 1st 2nd 3rd 4th 5th

Convictions:

As an adult (age 18) have you ever been convicted of, or pled guilty or no contest to, a misdemeanor or felony? Do not include: (1) any convictions for possession of marijuana (except for convictions for possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two years old; or (2) any information concerning a referral to, and participation in, any pretrial or post trial diversion program.

No Yes If yes, please provide the following for each incident:

Date of Conviction	Location	Penal Code Section	Explanation (Attach a Separate Sheet if Necessary)

Occupation:

Occupation/Title: CUSTODIAN
 Name of Employer: VICTORVALLEY HIGH SCHOOL DISTRICT
 Address: 16350 MOJAVE DRIVE City: VICTORVILLE
 State: CA Zip: 92392 Business Phone #: (760) 955 - 3201

Community and Civic Interests/Activities:

CASA , YOUTH LEADERSHIP

Summarize qualifications for appointment (i.e., education, experience, licenses, etc.)

Facilitated 12 Step Program, Work with NA, Work with Youth and Adults in Faith Based 12 Step, Grief Counseling, Some Schooling in Dysfunctional Families and Behavioral Counseling. Training in Child Abuse and a Mandated Reporter.

Explain why you would like to serve on this board, commission or committee:

I feel that to help others is the most rewarding work a person can do. I feel that often times those who are addicts or mentally ill are shunned by society.

Please be advised that members of San Bernardino County boards, commissions and committees:

- May be required to take an Oath of Office.
- Must comply with the County's Ethics Ordinance.
- Must participate in State-mandated ethics training.
- May be required to disclose financial interests.

I hereby certify that all statements in this application are true and complete to the best of my knowledge. I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.

Signature: _____ Date: 07/30/11

*Please submit completed form to:
Clerk of the Board of Supervisors
385 North Arrowhead Avenue, 2nd Floor
San Bernardino, CA 92415-0130*

County Use Only – Do Not Write Below This Line

Clerk of the Board of Supervisors

Date Received: 08/01/11 Received By: B. Griffin Date Referred to BOS: 08/01/01 BOS District: 1st
Deputy Clerk of the Board of Supervisors

Board of Supervisors

Received By: _____ Interviewed By: _____ Interview Date: _____

Recommend to Appoint: Yes No Chief of Staff: _____ Date: _____
COS Signature

Comments: _____

