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JUN - 1 2011



County Executive Office
1195 Third Street, Room 310
Napa, CA 94559-3082
(707) 253-4421 FAX (707) 253-4176

COUNTY OF NAPA
EXECUTIVE OFFICE

eAFA

**APPLICATION FOR APPOINTMENT TO
BOARD, COMMISSION, COMMITTEE OR TASK FORCE**

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Alcohol and Drug Advisory Board

*Category of membership for which you are applying:
(This information can be found on the news release announcing the opening.
You may apply for more than one category if more than one position is open.)

Student Member

*Supervisory District in which you reside:

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*Full Name

Guadalupe Garcia

Date

4/18/11

*Current Occupation (within the last twelve (12) months):

Alcohol and Drug Prevention Assistant
Napa County Health and Human Services

Current License (Professional or Occupational); Date of issue and/or expiration including status:

Education/Experience: (A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.)

I graduated Napa High School, and
will be finishing my first year at
Napa Valley College.

Community participation (nature of activity and community location):

This year I have volunteered to help out with
a number of events at Napa Valley College such as:
Latino Youth Leadership conference, Success after High School
conference, MESA fair, Black History Month Dinner, Vocal Fusion event.

Other County Board/Commission/Committee on which you serve/have served:

I was student representative for the Parks and
Recreation Commission and I am currently a
senator of the Associated Students of Napa Valley College
and was appointed as president for the upcoming year.

* Denotes Mandatory Entry Required

Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Alcohol and Drug Advisory Board

Names, addresses and phone numbers of three (3) individuals familiar with your background:

*Name

Carlos Hagadorn

*Address

*City

Napa

*State

CA

*Zip Code

94559

*Telephone

*Name

Leslie Medline

*Address

*City

Napa

*State

CA

*Zip Code

94559

*Telephone

*Name

Alejandro Guerrero

*Address

*City

Napa

*State

CA

*Zip Code

94559

*Telephone

Name and occupation of spouse within the last 12 months, if married (for Conflict of Interest purposes):

*Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute:

I was invited to join the board by Connie Moreno-Peraza. I feel that this would be a great learning experience. I would love to give a youth's perspective to the board.

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APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

All applications will be kept on file for one year from the date of application

PERSONAL INFORMATION

The following information is provided in confidence to the extent that it will not be posted on the Internet, but may be used by the Board of Supervisors when making the appointment, or be used by the committee/commission/board/task force following appointment for purposes of communicating with the appointee.

Full Name

Guadalupe Garcia

*e-mail Address

*Home Address

*Work Address

*City

Napa

State

CA

*Zip Code

94559

*City

Napa

State

CA

Zip Code

94559

*Telephone

Telephone

Please Read!