



A Tradition of Stewardship
A Commitment to Service

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COUNTY OF NAPA
EXECUTIVE OFFICE

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4421
Fax: (707) 253-4176

Nancy Watt
County Executive Officer

December 5, 2011

DAVID L KERNS MD

[REDACTED]
NAPA CA 94558

Re: Napa County Tobacco Advisory Board

Dear Dr. Kerns:

The term of your position representing Napa County Tobacco Advisory Board expires on January 31, 2012.

If you wish to request reappointment, please check the boxes below, sign where indicated, and return this letter to the County Executive Office. When the letter has been returned, your name will be forwarded to the Board of Supervisors for consideration for reappointment to another two-year term, as you have been a valued member of the Napa County Tobacco Advisory Board.

If any of the information on your last application for appointment has changed or is 5 years or older please contact the Napa County Executive's Office to obtain a new application, and submit the completed new application when returning this letter.

-
- ☒ Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa County Tobacco Advisory Board for the term commencing immediately and expiring January 31, 2014.
- ☒ I confirm by signing below that all the information on my application is current; or
- ☐ Some of the information on my prior application is no longer correct. A new application is attached.

A handwritten signature in dark ink, appearing to read "David L. Kerns", written over a horizontal line.
SIGNATURE

A handwritten date "12/14/11" written over a horizontal line.
DATE

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eAFA

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

FEB 03 2010

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

*Application for Appointment to: (Name of Board, Commission, Committee or Task Force) **COUNTY OF NAPA
EXECUTIVE OFFICE**

Tobacco 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.)

Public Representative

*Supervisory District in which you reside:

District 2

*Full Name

David L. Kerns, MD

Date

2/3/10

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

Physician

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

G42851 active medical license since 1980

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

Semi-retired physician/hospital executive:

**Adjunct Clinical Professor of Pediatrics, Stanford University School of Medicine - 1985 - present
Chairman, Department of Pediatrics, Santa Clara Valley Medical Center, San Jose, CA - 1985-1998
Chief Medical Officer, Santa Clara Valley Medical Center, San Jose, CA - 1998 - 2003
Director Emeritus (part-time), Center for Child Protection, Santa Clara Valley Medical Center, San Jose, CA -
2004-present**

Community participation (nature of activity and community location):

Moved to Napa one year ago - this is my first application for volunteer community involvement

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

None

* Denotes Mandatory Entry Required

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

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

*Name

Steve Harris, MD

*Address

*City

San Jose

*State

CA

*Zip Code

95128

*Telephone

*Name

John Stirling, MD

*Address

*City

San Jose

*State

CA

*Zip Code

95128

*Telephone

*Name

Mary Ritter

*Address

*City

San Jose

*State

CA

*Zip Code

95128

*Telephone

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

Gayle Kerns - retired; currently volunteer at NV Historical Society, NV Museum and Napa Library

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

My wife and I recently (14 months ago) retired and moved to Napa. Having settled in, I would like to volunteer some of my time contributing to the community. I have career-long experience in health care as a clinical pediatrician, as a health care administrator, and as a public policy advocate. I believe I could make a meaningful contribution to the Tobacco Advisory Board, particularly regarding health effects of tobacco and public prevention strategies.

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

Tobacco Advisory Board

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

David L. Kerns, MD

*e-mail Address

*Home Address

*Work Address

*City

State

*Zip Code

Napa

CA

94558

*City

State

Zip Code

San Jose

CA

95128

*Telephone

Telephone

Please Read!