



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

BARBARA MONNETTE

ST HELENA CA 94574

Re: Napa County Tobacco Advisory Board

Dear Ms. Monnette:

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.

Barbara Monnette
SIGNATURE

12/7/11
DATE

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COUNTY OF NAPA
EXECUTIVE OFFICE

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)

Napa County 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:

Diane Dillon

*Full Name

Barbara Anne Monnette

Date

1/10/2011

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

Retired one year from Kaiser Permanente Chemical Dependency Recovery Services,
Co-ordinator of the Integrated Nicotine Dependency Recovery Program.

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

Licensed Clinical Social Worker
Status = Current
Expires 10/12

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

1987 Masters of Social Work Degree
California State University, Sacramento

1965 Bachelor Degree in Sociology
University of California, Berkeley

1965-1967 Social Worker for Sonoma County Social Services Department: AFDC/AFCDW case worker, Santa Rosa, Ca.

1967-1968 Middle School teacher at St. John's School, Healdsburg, Ca

Community participation (nature of activity and community location):

Active in local St. Helena politics - co-founder of St. Helena Citizens for Responsible Growth, participant in instituting Town Hall Meetings to address General Plan Update Committee recommendations, American Lung Association Member, Social Advocate for clean air in St. Helena. Served on Alameda Coalition of Nicotine, Alcohol & Drugs for 4 yrs. Taught tobacco prevention @ Thunder Rd in Oak, Ca, & presented workshops for them.

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

none

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

Napa County Tobacco Advisory Board

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

*Name

Charleen Steen

*Name

Cathy Fiser

*Address

*Address

*City

Napa

*State

CA

*Zip Code

94558

*City

Vallejo

*State

CA

*Zip Code

94589

*Telephone

*Telephone

*Name

Lynn McKenna

*Address

*City

Vallejo

*State

CA

*Zip Code

94589

*Telephone

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

na

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

I have specialized in Nicotine Dependency Recovery for the past 17 years, while serving as a therapist/provider at the Vallejo Kaiser Permanente Chemical Dependency Recovery Program. I grew up in a household with second hand smoke and from age 15 to 26, I was a smoker. I have been smoke free since 1969, and was struck by the 'denial in the recovery community, both in the 12-step program, and at Kaiser, of the cross addictive aspects of continued nicotine use while in recovery for other addictive substances. It became more and more difficult for me to hear nicotine dependent people check into groups stating that they were "clean and sober". It became more and more difficult for me to accept that Kaiser didn't offer the full recovery program to nicotine dependent patients, only education. After years of struggle, I was able to co-create and coordinate an Integrated Nicotine Dependency Recovery Program at Vallejo Kaiser CDRS. It took 10 years of consistent lobbying before Vallejo Kaiser campus became nicotine free last February. The Chemical Dependency Services still refuses to implement a nicotine free recovery program, but the integrated program is an improvement.

I maintain my enthusiasm to work toward a smoke free environment in all public places, and where ever there are children and other non-smokers who have the right to clean air. I believe that with the proper leadership, both public and private, adequate education, and public support, we will continue to make the changes necessary to insure clean air for everyone, and adequate support to prevent non-users from becoming addicted to nicotine, and current users to quit and stay quit.

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

Napa County 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

Barbara Anne Monnette

*e-mail Address

[REDACTED]

*Home Address

[REDACTED]

*Work Address

retired

*City

Saint Helena

State

CA

*Zip Code

94574

*City

[REDACTED]

State

[REDACTED]

Zip Code

[REDACTED]

*Telephone

[REDACTED]

Telephone

[REDACTED]

Please Read!