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COUNTY OF NAPA  
EXECUTIVE OFFICEA Tradition of Stewardship  
A Commitment to Service

County Executive Office

1195 Third Street, Suite 310  
Napa, CA 94559  
[www.countyofnapa.org](http://www.countyofnapa.org)Main: (707) 253-4421  
Fax: (707) 253-4176Nancy Watt  
County Executive Officer

December 5, 2011

STEPHEN CORNELL WOOD  


Re: Napa County Tobacco Advisory Board

Dear Mr. Wood:

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.

Handwritten signature of Stephen Cornell Wood.

SIGNATURE

1/6/12

DATE

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Napa, CA 94559-3082  
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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)

**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.)

**Community Representative**

\*Supervisorial District in which you reside:

**Sonoma County**

\*Full Name

**Stephen Cornell Wood**

Date

**7/20/2009**

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

**Wellness Manager/Stress Management Therapist**

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

**Marriage and Family Therapist---active until January 31, 2011.**

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

**Marriage and Family Therapist, licensed in 1998. Private practice in St. Helena, California, 2002 to present.**

**Primary Therapist, St. Helena Hospital Center for Health, St. Helena, California, 1998 to 2007. Therapist in both smoking cessation and lifestyle/dietary change residential programs.**

**Wellness Manager at Queen of the Valley Medical Center's Institute of Integrative Health. Duties include smoking cessation services, and psycho-social support for cardiac and cancer patients.**

Community participation (nature of activity and community location):

**Member, Napa County Mental Health Division's Workforce Education and Training Workgroup (WET). This group is working on the creation of a plan to address the shortage of mental health staff that provide services to individuals with severe illness.**

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

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

**Diane Dickinson**

\*Address



\*City

**Santa Rosa**

\*State

**CA**

\*Zip Code

**95401**

\*Telephone



\*Name

**Elizabeth Glenn-Bottari**

\*Address



\*City

**Napa**

\*State

**CA**

\*Zip Code

**94558**

\*Telephone



\*Name

**Birgitta Karlman**

\*Address



\*City

**St. Helena**

\*State

**CA**

\*Zip Code

**94574**

\*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 have an extensive history in smoking cessation treatment, and have always had an interest in high quality services for those struggling with this addiction. I am the manager at Queen of the Valley Medical Center who will be coordinating the mission of taking the facility to a smoke-free status by March, 2010. As such, I will be playing an active role in delivering treatment options to smoking employees, and would like to support such options in the community at large.

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

Stephen Cornell Wood

\*e-mail Address

\*Home Address

\*Work Address

\*City

Santa Rosa

State

CA

\*Zip Code

95404

\*City

Napa

State

CA

Zip Code

94558

\*Telephone

Telephone

**Please Read!**