



A Tradition of Stewardship  
A Commitment to Service

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

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JAN 12 2012

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)

**Napa County Advisory Board of Alcohol and Drug Program**

\*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.)

**Napa County Tobacco Advisory Board**

\*Supervisory District in which you reside:

**Supervisor Caldwell District 5**

\*Full Name

**Albert Iliff**

Date

**1/12/2012**

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

**Retired**

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.)

**High School, Community College**

Community participation (nature of activity and community location):

**Nothing for the last 5 years, I was having a medical problem which is under controled.**

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

**I was on Commission on Aging 6 yrs, Area Agency on Aging for 6 yrs, Vallejo Police Dept. 5 yrs, Am. Cyn. Police Dept. 4yrs, Veterans of Foreign Wars as Adjutant 12 yrs, Selective Service Board 8yrs, NCPTA Napa Bus Sevice 5yrs. Parks and Community Service Commissioner 12yrs, Kwains 5yrs. Am. Cyn. Resource Center Board 10 yrs.**

\* Denotes Mandatory Entry Required

Application for Appointment to: *(Name of Board, Commission, Committee or Task Force)***Napa County Advisory Board of Alcohol and Drug Program**

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

\*Name

**Abbie Orr**

\*Address

**[REDACTED]**

\*City

**American Canyon**

\*State

**CA**

\*Zip Code

**94503**

\*Telephone

**[REDACTED]**

\*Name

**Ben Anderson**

\*Address

**[REDACTED]**

\*City

**American Canyon**

\*State

**CA**

\*Zip Code

**94503**

\*Telephone

**[REDACTED]**

\*Name

**Allen Ross**

\*Address

**[REDACTED]**

\*City

**American Canyon**

\*State

**CA**

\*Zip Code

**94503**

\*Telephone

**[REDACTED]**

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

**Susan Iliff Office Administrator for EXperience Works 1443 Main Street Ste. 102 Napa, 707-342-1397**

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

Like I said in the beginning I was off due to illness, I'm OK now I've always like to serve my community in some way. I like to stay busy plus understanding how government works.

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

Napa County Advisory Board of Alcohol and Drug Program

**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

Albert Iliff

\*e-mail Address

\*Home Address

\*Work Address

\*City

State

\*Zip Code

\*City

State

Zip Code

American Canyon

CA

94503

Retired

\*Telephone

Telephone

**Please Read!**