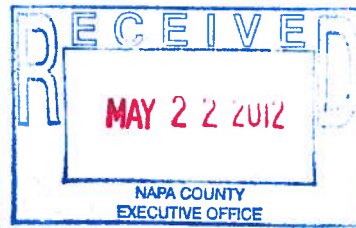




A Tradition of Stewardship
A Commitment to Service



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

May 11, 2012

CAROLYN WRAGE

NAPA CA 94558

Re: Area Agency on Aging Serving Napa and Solano

Dear Ms. Wrage:

The term of your position representing the Area Agency on Aging Serving Napa and Solano expires on July 1, 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 Area Agency on Aging Serving Napa and Solano.

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 Area Agency on Aging Serving Napa and Solano for the term commencing immediately and expiring July 1, 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.

Carolyn F. Wrage, LCSW
SIGNATURE

May 19, 2012
DATE

COUNTY EXECUTIVE OFFICE
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FAX (707) 253-4176



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

RECEIVED

MAY 14 2010

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)

AREA Agency on Aging Serving NAPA + Solano

*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.)

BOARD of DIRECTORS

*Supervisory District in which you reside:

Representing District 1

*Full Name

CAROLYN F. WRAGE, LCSW

Date

MAY 13, 2010

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

- Retired from position of Mental Health Manager - Solano City Health + Social Services
- Volunteer Counselor & Peer Support Program - VINTAGE High School

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

LCSW #1560 -
Issued Aug. 8, 1969
Expiration Feb. 28, 2011 - Expiration Feb. 28, 2013
Status - CURRENT

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

GRADUATED FROM THE OHIO STATE UNIVERSITY & BSW + MSW degrees in 1961 + 1963. Worked for The State of CALIFORNIA as a Psychiatric Social + a supervisor for 19 years in Napa + Solano Counties + as a manager in Solano County for 22 years in Mental Health.
I have been on the Board of Directors for AAOA since April 19, 2005, representing District I.

Community participation (nature of activity and community location):

- Many committees + groups associated & Mental Health including sec'y for The Asilomar Conference from 1990 - 1996.
- Volunteer counseling 1/2 day a week at Vintage High School
- Member of Solano City FAST Team
- Member of Advisory Committee for Napa Comm. College Human Services

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

Solano County's Elder Abuse Council

* Denotes Mandatory Entry Required

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

AREA Agency on Aging Serving Napa & Solano

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

*Name

LEANNE MARTINSEN

*Address

*City

Vallejo

*State *Zip Code

CA 94590

*Telephone

*Name

Dr. Roger Wlars

*Address

*City

NAPA

*State *Zip Code

CA 94558

*Telephone

*Name

Ms Wendy WALLIN

*Address

*City

NAPA

*State *Zip Code

CA 94558

*Telephone

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

NOT MARRIED

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

I have served on the AAOA Board for the past 5 years including serving on the nominating & fund-raising committees. Throughout my professional career I worked with seniors & their care-takers and those with mental health issues. I consulted & Nursing Homes & served on state-wide committees for conferences related to Mental Health. I am aware of the mental health needs of seniors, as well as housing needs & legal needs. I have many years experience & management & fiscal responsibility.

I currently provide counseling service, pro bono, to students at Vintage High School & attend the advisory meeting for Napa Community College Human Service program, as well as other meetings & committees as requested. I have many years experience to offer.

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

Page 3

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

Area Agency On Aging for Napa Solano

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

CAROLYN FERN WRAGE

*e-mail Address

[REDACTED]

*Home Address

[REDACTED]

*Work Address

Retired

*City

NAPA

State

CA

*Zip Code

94558

*City

[REDACTED]

State

[REDACTED]

Zip Code

[REDACTED]

*Telephone

[REDACTED]

Telephone

[REDACTED]

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