

A Tradition of Stewardship A Commitment to Service RECEIVED

DEC - 6 2013

COUNTY OF NAPA EXECUTIVE OFFICE County Executive Office

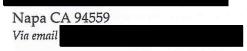
1195 Third Street, Suite 310 Napa, CA 94559 www.countyofnapa.org

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

Nancy Watt County Executive Officer

November 8, 2013

Teresa Zimny



Re: First 5 Napa County Children and Families Commission

Dear Ms. Zimny:

The term of your position representing the First 5 Napa County Children and Families Commission expires on January 1, 2014.

If you wish to request reappointment, please check the <u>boxes</u> 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 four-year term, as you have been a valued member of the First 5 Napa County Children and Families Commission.

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 First 5 Napa County Children and Families Commission for the term commencing immediately and expiring January 1, 2018.

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.

12/6/13

COUNTY EXECUTIVE OFFICE



County Executive Office 1195 Third Street, Room 310 Napa, CA 94559-3082 (707) 253-4421 FAX (707) 253-4176 APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION, COMMITTEE OR TASK FORCE

RECEIVED

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eAFA

COUNTY OF NAPA EXECUTIVE OFFICE

PIFASE	TVDE	OR DRINT	(Complete pages '	1 through 2)
PLEASE	ITTE	OKPKINI	(Complete bades	i inrough 3)

NOTE: Applications are public records that are subject to disclosure under the California Public Records Act. Information provided by the applicant is <u>not</u> regarded as confidential <u>except</u> for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

*Application for Appointment to: (Name of Board, Commission, Con	nmittee or Task Force)
First 5 Commission	
*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.)	*Supervisorial District in which you reside:
Health and Human Services	district 1
*Full Name:	*Date:
Teresa D. Zimny	12/5/2013
*Current Occupation: (within the last twelve (12) months)	
Contracts management and MAA (Medi-Cal Administrative Active community-based MAA project and department's MAA program	vities) coordinator. Oversee agency's contracts system, n.
*Current License: (Professional or Occupational, date of issue and/o	or expiration including status)
*Education/Experience: (A resume may be attached containing this and any other	er information that would be helpful to the Board in evaluating your application.)
Bachelors Degree - Psychology. Master's candidate - Public Adm division manager for self-sufficiency programs. Currently overse	ninistration. 28 Years in Health and Human Services, 20 years as e agency contracts and MAA programs.
L*Community Participation: (Nature of activity and community location	n)
First 5 Commission since 2002, Soroptimist International - Napa, (board presidents), Self Suff committee (non prof coalition)	Eucharistic minister for parish. Prior - NJGSL and NVFastpitch
*Other County Board/Commission/Committee on which you serve/ha	ave served:
Prior - Workforce Investement Board and Child Care Planning Co	puncil.

First 5 Commission							
First 5 Commission							
Names, addresses and phone numb	per of three	(3) individuals fa	amiliar with y	our background:			
*Name:			*	Name:			
Jan Bouch				Diana Short			
*Address:			*	Address:			
*City:	*State:	*Zip Code:		City:		*State:	*Zip Code:
Putney	VT	05346		Napa		CA	94558
*Telephone:			i g	Telephone:			
*Name:			_				
Alice Hughey							
*Address:							
*City:	*State:	*Zip Code:					
Napa	CA	94558					
*Telephone:							
Name and occupation of spouse wit	thin the last	12 months, if ma	arried (For C	Conflict of Interest	purposes):		
Eric Zimny Retired (County); p/t E	nterprise						
*Please explain your reasons for wis	shing to ser	ve and, in your o	opinion, how	you feel you cou	ld contribute:		
I've been a commissioner for 10ya generations. My many years of se							

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

First 5 Commission

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, 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:		*email Address:	
Teresa D. Zimny			
*Home Address:		*Work Address:	
*City:	*State: *Zip Code:	*City:	*State: *Zip Code:
Napa	CA 94558	Napa	CA 94558
*Telephone:		*Telephone:	