



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
APPLICATION FOR APPOINTMENT TO
BOARD, COMMISSION, COMMITTEE OR TASK FORCE

RECEIVED

APR - 7 2014

eAFA

COUNTY OF NAPA
EXECUTIVE OFFICE

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

NOTE: Applications are public records that are subject to disclosure under the California Public Records Act. Information provided by the applicant is not regarded as confidential except 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, Committee or Task Force)

Mental Health 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.)

Consumer

*Supervisorial District in which you reside:

DISTRICT 3

*Full Name:

CAROLINE LIVERMORE

*Date:

April 7, 2014

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

rancher, poet, artist

*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.)

B.A. FINE ART

*Community Participation: (Nature of activity and community location)

LIBRARY VOLUNTEER, CASTINE, MAINE
HISTORICAL SOCIETY, CASTINE MAINE
RIANDA HOUSE, ST. HELENA - ART INSTRUCTOR

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

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

Mental Health Board

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

*Name:

Lauren Gavin

*Address:

*City:

San Jose

*State:

CA

*Zip Code:

94526

*Telephone:

*Name:

Rosemary Smalley

*Address:

*City:

Middletown

*State:

CA

*Zip Code:

*Telephone:

*Name:

Jean Livermore

*Address:

*City:

Danville

*State:

CA

*Zip Code:

94526

*Telephone:

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

WIDOWED

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

I have a history of mental illness, and believe I could offer a unique insight into fostering support systems for the mentally ill in hope - I am most especially passionate about the prevention of mental illness, education and de-stigmatization.

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mental Health 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, 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:

CAROLINE LIVERMORE

*email Address:

[REDACTED]

*Home Address:

[REDACTED]

*Work Address:

Same

*City:

*State:

*Zip Code:

CALISTOGA

CA

94515

*City:

*State:

*Zip Code:

[REDACTED]

[REDACTED]

[REDACTED]

*Telephone:

[REDACTED]

*Telephone:

[REDACTED]

