



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 11 2014

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)

Napa 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 or Family member

*Supervisory District in which you reside:

District One

*Full Name:

Katherine Mac Mahon

*Date:

April 11th 2014

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

College Student

*Current License: (Professional or Occupational, date of issue and/or expiration including status)

No current licenses

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

Vintage High School graduate
Current student at the Napa Junior College

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

Vintage High Music Boosters Bingo Manager 5 years; Active as Secular Carmelite; member of Sing Napa Valley; St. John's Agape choral member; involved in Christ Life; Young Ladies Institute member; Women of Grace member; International Thespian Society member;

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

People Empowering People Board Secretary, 2014 Current

RECEIVED

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

Page 2

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

Napa Mental Health Board

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

*Name:

Erin Re

*Address:

[REDACTED]

*City:

Napa

*State:

CA

*Zip Code:

94558

*Telephone:

[REDACTED]

*Name:

Perrin French, M.D.

*Address:

[REDACTED]

*City:

Palo Alto

*State:

CA

*Zip Code:

94301

*Telephone:

[REDACTED]

*Name:

Dr. Christian Anderson, M.D.

*Address:

[REDACTED]

*City:

Napa

*State:

CA

*Zip Code:

94558

*Telephone:

[REDACTED]

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

None, Single

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

I was diagnosed with bipolar while I was still in high school, and I helped my mother care for her uncle with schizophrenia when he became terminally ill. I have encountered first hand the stigma and discrimination connected with mental illness and a lack of services available for those with mental illness so I believe my experience as a consumer and family member of a consumer make my perspective valuable to the Mental Health Board.

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

Napa 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:

Katherine Mac Mahon

*email Address:

[REDACTED]

*Home Address:

[REDACTED]

*Work Address:

*City:

Napa

*State:

CA

*Zip Code:

94559

*City:

*State:

*Zip Code:

*Telephone:

[REDACTED]

*Telephone: