



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.)

\*Supervisory District in which you reside:

BOARD Member - Family Member  
or concerned Citizen

District One

\*Full Name:

Darlene A. Olejniczak  
aka Mac Mahon

\*Date:

April 11, 2014

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

\* daughter was Home Hospital for part of High School

Mother - care taker of my schizophrenic uncle the past two years.  
He died, at age 80, in Dec. 2013. My mom has vascular dementia, →  
daughter bipolar, and a daughter currently dealing with mild brain

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

injury due to Post concussion syndrome

Ø (Previously 20+ years ago - owner of State Farm Insurance Agency)

\*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  
BA St Mary's College - spent Junior Year at Oxford, England.  
Touro University Teaching Credential (not completed due to family  
commitments/daughters BI POLAR)

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

Manager Vintage High BINGO past 8 years 2005 - 2014  
Active in Church - St. John the Baptist, St. Apollinans  
Lead various study groups at church; Active as Secular Camellite.  
Member SING Napa Valley CHORALE

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

People Empowering People Board Member, 2014 current  
Bible Camp Board - St Rita, Fairfax 10 years 1997 - 2007  
VHS Chaperone Hawaii Trip Music Department  
HOST Mother for exchange students from Germany, South Korea, Vietnam

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Napa Mental Health Care BOARD

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

\*Name:

①

Dr. Econome

\*Address:

\*City:

Napa

\*State:

CA

\*Zip Code:

94559

\*Telephone:

(707) 253-4727

③

Dr Christian B. Anderson, MD

\*City:

Napa

\*State:

CA

\*Zip Code:

94558

\*Telephone:

www.thequeen.org

②

ERIN RE VHS BINGO

\*Address:

\*City:

Napa

\*State:

CA

\*Zip Code:

94558

\*Telephone:

④

Dr. Perrin French, M.D.

Palo Alto CA 94301

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

None Divorced 2001 - never remarried

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

When my uncle got cancer I was shocked to find that due to his schizophrenia most "cancer services" were NOT available. My daughter has bipolar depression and it is difficult to get good care. Luckily, we got her into the Stanford Bipolar Study program; we had to drive a lot but it helped. I feel my experience as a mom and niece of consumers gives a unique perspective and I will be able to contribute to the board.

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Napa Mental Health Care BOARD Member

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:

Darlene A. Olejniczak  
aka Mac Mahon

\*email Address:

\*Home Address:

\*Work Address:

\*City:

Napa

\*State:

CA

\*Zip Code:

94559

\*City:

\*State:

\*Zip Code:

\*Telephone:

\*Telephone:

\* Please note since my mothers TIA and vascular dementia we have been residing most nights with her so BEST to mail items to

Darlene Olejniczak  
c/o Alma OlejniczakNapa, CA  
94558

if Katie's is  
mailed to our  
home (Imole)  
then we'll be  
certain to get it 😊