

RECEIVED

DEC - 9 2014

COUNTY OF NAPA  
EXECUTIVE OFFICE

County Executive Office

1195 Third Street, Suite 310  
Napa, CA 94559  
[www.countyofnapa.org](http://www.countyofnapa.org)

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

Nancy Watt  
County Executive Officer



A Tradition of Stewardship  
A Commitment to Service

November 25, 2014

Kristina Reyna

[REDACTED]  
Fairfield CA 94534  
[REDACTED]

Re: Napa County Advisory Board on Alcohol and Drug Program

Dear Ms. Reyna:

The term of your position on the Napa County Advisory Board on Alcohol and Drug Program expires on January 1, 2015.

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 three-year term as you have been a valued member of the Napa County Advisory Board on Alcohol and Drug Program.

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 Napa County Advisory Board on Alcohol and Drug Program 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.

*Kristina Reyna*

SIGNATURE

10/8/2014

DATE

COUNTY EXECUTIVE OFFICE  
1195 Third Street • Suite 310 • Napa, CA 94559 • (707) 253-4421  
[www.countyofnapa.org](http://www.countyofnapa.org)  
FAX (707) 253-4176



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

JAN 29 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)

Advisory Board for Drug and Alcohol(ABDA)

\*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.)

Advisory Board

\*Supervisory District in which you reside:

Solano County

\*Full Name:

Kristina Reyna

\*Date:

1/29/2014

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

Student at Justin-Siena High School

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

None

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

Completed elementary school and currently in my 2nd year of high school at Justin-Siena

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

Boxing at Contra Costa Food Bank, Tutoring at Justin-Siena High School, babysitting, FNL Club at school which works to prevent drug and alcohol abuse, Volunteer club(key club) at school

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

None

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

Advisory Board for Drug and Alcohol(ABDA)

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

\*Name:

Sylvia Reyna

\*Address:

[Redacted]

\*City:

Fairfield

\*State:

CA

\*Zip Code:

94534

\*Telephone:

[Redacted]

\*Name:

Ana Artiga

\*Address:

[Redacted]

\*City:

San Francisco

\*State:

CA

\*Zip Code:

94112

\*Telephone:

[Redacted]

\*Name:

Ralph Reyna

\*Address:

[Redacted]

\*City:

Fairfield

\*State:

CA

\*Zip Code:

94534

\*Telephone:

[Redacted]

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 am very enthusiastic about taking a leadership position in my community where I can hopefully make a difference in the lives of youth and make others better aware of the affects of drug abuse as to make the Napa County community a safer environment

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

Advisory Board for Drug and Alcohol(ABDA)

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:

Kristina Reyna

\*email Address:

[Redacted]

\*Home Address:

[Redacted]

\*Work Address:

[Redacted]

\*City:

Fairfield

\*State:

CA

\*Zip Code:

94534

\*City:

Napa

\*State:

CA

\*Zip Code:

94558

\*Telephone:

[Redacted]

\*Telephone:

[Redacted]