



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

SEP 24 2015

NAPA COUNTY eAFA
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.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

For information about Form 700 Conflict of Interest Code click on this link [Committee List of Form 700 Filers](#)

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

Napa County 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.)

Family Member/Concerned C

*Supervisory District in which you reside:

Rutherford - District 3

*Full Name:

Joseph Minott Wessinger

*Date:

9/24/2015

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

Founder & Chief Operation Officer
The McKenzie Foundation, <http://www.mckenziefoundationsf.org>

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

The McKenzie Foundation is a 501(c)3 .Tax ID Number 20-56341

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

BA Pomona College, Claremont, CA
Psychology & Business Majors

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

Active donors and private funders of mental health organizations in Napa & San Francisco Counties

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

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

Napa County Mental Health Board

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

*Name:

Garen & Shari Staglin

*Address:

[REDACTED]

*City:

Rutherford

*State:

CA

*Zip Code:

94573

*Telephone:

[REDACTED]

*Name:

Gee Roman

*Address:

[REDACTED]

*City:

San Francisco

*State:

CA

*Zip Code:

94111

*Telephone:

[REDACTED]

*Name:

Victoria Hall

*Address:

[REDACTED]

*City:

San Francisco

*State:

CA

*Zip Code:

94129

*Telephone:

[REDACTED]

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

Ashley M. Wessinger Self Employed Web Site Designer

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

1. I have a brother who is bi-polar & a nephew that is schizophrenic.
2. I founded and operate a non-profit foundation - The McKenzie Foundation - with the goal of reducing stigma associated with adolescent mental health www.mckenziefoundation.org

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Napa County Mental Health Board

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

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:

Joseph Minott Wessinger

*email Address:

[REDACTED]

*Home Address:

[REDACTED]

*Work Address:

[REDACTED]

*City:

Rutherford

*State:

CA

*Zip Code:

94573

*City:

San Francisco

*State:

CA

*Zip Code:

94123

*Telephone:

[REDACTED]

*Telephone:

[REDACTED]