



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 25 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 Emergency Medical Care Committee

*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.)

Public Member

*Supervisory District in which you reside:

District 2

*Full Name:

Victor James Connell

*Date:

9/25/2015

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

Physician and Surgeon

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

CA G 30094

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

Harvard College AB Magna Cum Laude
Harvard Medical School MD
UCSF Surgery Residency
Kaiser Permanente Medical Group Physician
US Coast Guard Auxiliary Medical Officer

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

Member Napa County Grand Jury
Napa County Sheriff Search and Rescue Team (past)

*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 Emergency Medical Care Committee

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

*Name:

Dr. George Vellucci

*Address:

[REDACTED]

*City:

Napa

*State:

CA

*Zip Code:

94558

*Telephone:

[REDACTED]

*Name:

Judge Mark Boessenecker

*Address:

[REDACTED]

*City:

Napa

*State:

CA

*Zip Code:

94559

*Telephone:

707-299-1100

*Name:

Paul Roberts

*Address:

[REDACTED]

*City:

Napa

*State:

CA

*Zip Code:

94559

*Telephone:

[REDACTED]

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

Diane Connell - Fitness Instructor Synergy Wellness Center

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

Experience in Trauma and Emergency Medicine at Kaiser Permanente; knowledge of EMS First Responder procedures and emergency response measures to large scale events.

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Napa County Emergency Medical Care Committee

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:

Victor James Connell

*email Address:

vconnell@sbcglobal.net

*Home Address:

[REDACTED]

*Work Address:

[REDACTED]

*City:

NAPA

*State:

CA

*Zip Code:

94558

*City:

NAPA

*State:

CA

*Zip Code:

94558

*Telephone:

[REDACTED]

*Telephone:

[REDACTED]