



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 16 2015

eAFA

NAPA COUNTY  
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)

Emergency Medical Carr 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

\*Supervisorial District in which you reside:

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\*Full Name:

Michael W. Conley

\*Date:

9/14/15

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

Retired in December 2014 from Napa State Hospital

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

EMT issued: 6/1/14  
expires: 5/31/16

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

Napa Valley College: Psychiatric Technician (1981).  
EMT (1984)  
Worked as a psychiatric technician since 1981. Joined  
NSHFD as a part-time FF 4/84 Became Full-time 1984. Became Chief 2007

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

Continue to attend EMCC as a non-voting public person

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

was the Fire Chief Rep on the ambulance compliance  
Committee.

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

EMCC

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

\*Name:

Mike Randolph

\*Address:



\*City:

Napa

\*State:

CA

\*Zip Code:

94559

\*Telephone:



\*Name:

Glen Weeks

\*Address:



\*City:

American Canyon

\*State:

CA

\*Zip Code:

94503

\*Telephone:



\*Name:

Mike McQueeney

\*Address:



\*City:

Napa

\*State:

CA

\*Zip Code:

94558

\*Telephone:



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

Sharlene Conley. Retired

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

Enjoyed working in EMS. I wish to continue to serve my community.

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EMCC

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:

Michael W. Conley

\*email Address:

\*Home Address:

\*Work Address:

N/A

\*City:

\*State:

\*Zip Code:

Nap q

CA

94558

\*City:

\*State:

\*Zip Code:

\*Telephone:

\*Telephone: