



A Tradition of Stewardship  
A Commitment to Service

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

May 19, 2015

Joice M. Beatty

St Helena CA 94574

**Re: Area Agency on Aging Serving Napa and Solano Counties**

Dear Ms. Beatty:

The term of your position representing District 3 on the Area Agency on Aging expires on July 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 two-year term, as you have been a valued member of the Area Agency on Aging Serving Napa and Solano Counties.

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 **Area Agency on Aging Serving Napa and Solano Counties** for the term commencing immediately and expiring July 1, 2017.

☒ 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.

A handwritten signature in cursive script, appearing to read "Joice M. Beatty", written over a horizontal line.

SIGNATURE

6-26-15

DATE

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A Tradition of Stewardship  
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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

FEB - 4 2015

COUNTY OF NAPA  
EXECUTIVE OFFICE eAFA

**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)

Area on Aging Board Member for District 3

\*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.)

Board Member

\*Supervisorial District in which you reside:

Three

\*Full Name:

Joice M. Beatty

\*Date:

2/4/2015

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

Retired

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

None at this time

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

BS Occupational Therapy

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

St. Helena Planning Commission, Rianda House Board of Director, St Helena Beautification Foundation, St Helena Bocce Committee, St Helena Rotary

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

Commission on Aging  
In Home Support Advisory Board  
Elder Abuse Prevention Council

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

Area on Aging Board Member for District 3

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

\*Name:

Area on Aging Board Member for District 3

\*Name:

Naomi Deskin-Anderson

\*Address:

\*Address:

\*City:

\*State:

\*Zip Code:

St Helena

CA

94574

\*City:

\*State:

\*Zip Code:

Napa

CA

94559

\*Telephone:

\*Telephone:

\*Name:

Molly Bolz

\*Address:

\*City:

\*State:

\*Zip Code:

St Helena

CA

94574

\*Telephone:

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

NA

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

I have been asked by several members of community if I would serve as the District 3 Board Member. I was the District 3 Commissioner on the Commission on Aging for several years and know the needs and resource for the elders in the county.

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

Area on Aging Board Member for District 3

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:

Joice M. Beatty

\*email Address:

[REDACTED]

\*Home Address:

[REDACTED]

\*Work Address:

NA

\*City:

ST Helena

\*State:

CA

\*Zip Code:

94574

\*City:

NA

\*State:

NA

\*Zip Code:

94574

\*Telephone:

[REDACTED]

\*Telephone:

[REDACTED]