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MAR 14 2017

NAPA COUNTY  
EXECUTIVE OFFICE



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

Leanne Link  
County Executive Officer

March 9, 2017

Charles R. Burton

Angwin CA 94508

Re: Napa County Emergency Medical Care Committee

Dear Mr. Burton:

The term of your position, representing **Public Member** on the **Napa County Emergency Medical Care Committee**, expired on January 31, 2017.

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 Emergency Medical Care Committee.

If any of the information on your last application for appointment has changed or is five (5) years old or older, please contact the Napa County Executive Office to obtain a new application and return the new application with your reappointment request or go to the following link to complete your application online: [Link to Napa County Committees and Commissions page](#).

☒ Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the **Napa County Emergency Medical Care Committee** for the term commencing immediately and expiring January 31, 2020.

☐ I confirm by signing below that all the information on my last application is current; or

☒ Some of the information on my last application is no longer correct or is five (5) years old or older. A new application is attached. (SUBMITTED ELECTRONICALLY)

SIGNATURE

DATE

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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

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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 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:

N/A

\*Full Name:

Charles Burton

\*Date:

3/14/2017

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

RN (Registered Nurse)

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

California RN License -- Issued: 12/2015 Exp: 12/31/2017

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

RN - Santa Rosa Memorial Hosp (Critical Care Dept) 1998-Pres  
RN - USAF Reserve (Travis AFB) 2002-Pres  
RN - St Helena Hosp (Intensive Care Unit) 1999-2006  
EKG Technician - St Helena Hosp 1992-98  
Emergency Medical Tech - St Helena Ambulance 1993-98

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

Current Public Member, Napa County EMCC (volunteer)  
Wildlife Care Association, Sacramento (volunteer)  
Emergency Medical Care for Children Project -- 2001  
California Naturalist Certification -- I.P.

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

Napa County Tobacco Advisory Board 2001-2003

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

Emergency Medical Care Committee

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

\*Name:

Mike Randolph

\*Address:

[REDACTED]

\*City:

Napa

\*State:

CA

\*Zip Code:

94559

\*Telephone:

[REDACTED]

\*Name:

Sean Sullivan

\*Address:

[REDACTED]

\*City:

Petaluma

\*State:

CA

\*Zip Code:

94954

\*Telephone:

[REDACTED]

\*Name:

Valerie Lasseter

\*Address:

[REDACTED]

\*City:

Ukiah

\*State:

CA

\*Zip Code:

95482

\*Telephone:

[REDACTED]

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

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

-- Current Public Member, long-serving; intimately familiar w/ EMCC  
-- As practicing RN in local trauma center/facilities, have much expertise in emergency medical care  
-- Former EMT in Napa County for 6 yrs  
-- Bring valuable experience to table

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

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:

Charles Burton

\*email Address:

\*Home Address:

\*Work Address:

\*City:

\*State:

\*Zip Code:

Sacramento

CA

95835

\*City:

\*State:

\*Zip Code:

Santa Rosa

CA

95405

\*Telephone:

\*Telephone: