



A Tradition of Stewardship
A Commitment to Service

RECEIVED

JUL 10 2017

NAPA COUNTY
EXECUTIVE OFFICE

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4421
Fax: (707) 253-4176

Minh Tran
Interim County Executive Officer

July 5, 2017

Betty Rhodes

Napa, CA 94559

Re: Area Agency on Aging Serving Napa and Solano Counties

Dear Ms. Rhodes:

The term of your position on the **Area Agency on Aging Serving Napa and Solano Counties** representing **District 2** expired July 1, 2017.

If you wish to request reappointment, please check the appropriate 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 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 **Area Agency on Aging Serving Napa and Solano Counties** for the term commencing upon reappointment and expiring July 1, 2019.

☒ 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.

Betty Rhodes

SIGNATURE

7/7/2017

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

AUG 26 2016

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)

Area Agency on Aging

*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.)

NAPA/SOLANO BOARD

*Supervisorial District in which you reside:

2

*Full Name:

BETTY RHODES

*Date:

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

Retired
VOLUNTEER: EQUITUS MEMBER N.E. COMMISSION ON AGING
CITY SENIOR ADVISORY COMMISSION
WRITER FOR NAPA VALLEY REGISTER

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

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

2 YEARS COMMUNITY COLLEGE
ON-GOING EDUCATION @ NAPA VALLEY COLLEGE
Retired ACCOUNTANT

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

PLEASE SEE "CURRENT OCCUPATION"

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

2~~3~~ TERM CHAIR OF NAPA Co. Commission ON AGING
1 TERM ON BOARD OF AREA AGENCY ON AGING
1 TERM ON ADVISORY OF AREA AGENCY ON AGING

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

BOARD OF AREA AGENCY ON AGING FOR NAPA & SOLANO CO.

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

*Name:

JUDY SCHINDLER

*Address:

*City:

NAPA

*State:

CA

*Zip Code:

94558

*Telephone:

*Name:

JOANN BUSENBARK

*Address:

*City:

*State:

*Zip Code:

*Telephone:

*Name:

NAOMI - DREBICH ANDERSON

*Address:

*City:

*State:

*Zip Code:

*Telephone:

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

WIDOW

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

I previously served on the Advisory — and, also, The Board. I believe Napa needs to fill its spots on the Board.

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

BOARD OF ALCA Agency on Aging

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:

BETTY RHODES

*email Address:

*Home Address:

*Work Address:

*City:

*State:

*Zip Code:

NABA

CA

94519

*City:

*State:

*Zip Code:

*Telephone:

*Telephone: