

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

eAFA

A Tradition of Stewardship A Commoment to Service

JUL 28 2017

NAPA COUNTY

PLEASE TYPE OR PRINT (Complete pages 1 through 3) NOTE: Applications are public records that are subject to disclosure under the applicant is <u>not</u> regarded as confidential <u>except</u> for the addresses an information including home and work addresses, phone numbers and em	d phone numbers of references and the applicant's personal	
PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAFINANCIAL DISCLOSURE STATEMENTS.	AW AND COUNTY CONFLICT OF INTEREST CODE TO FILE	
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 Serving	Napa and Solano Counties	
*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.)	*Supervisorial District in which you reside:	
Commission Appointment	District 5 - Mapa Co.	
*Full Name:	*Date:	
Joan A. Bennett	7/24/17	
*Current Occupation: (within the last twelve (12) months)		
Represented The City of Amer For several years, but lost no	election in NOO, 16	
*Current License: (Professional or Occupational, date of issue and/or expiration including status)		
No special licenses.		
*Education/Experience: (A resume may be attached containing this and any other inform	ation that would be helpful to the Board in evaluating your application.)	
Education - BA in Human Relations And Organizational Behan		
Experience - Letinece From Administration From CA. Conservat		
*Community Participation: (Nature of activity and community location)		
I have a long history of ve Community other than City	Paralla 1 A Lill T	
Am President of American Carregon Kindrus and am both other county Board/Commission/Committee on which you serve/have served; For Molly's Augaland Augas and Local Agency Formation Commission/Commission/Committee on which you serve/have served; For Molly's Augas and Local Agency Formation Country Resource Conservation Dist		
I was on the city council- Authorized to sence.	I AM no louger	

*Application for Appointment to: (Name of Board, Commission, Committee	e or Task Force)	
Napa Salono Area Agency o	n Aging	
Names, addresses and phone number of three (3) individuals familiar wit	h your background:	
*Name:	*Name:	
Leon Gancia	FRan Lemos	
*Address:	*Address:	
*City: *State: *Zip Code:	*City: *State:	*Zip Code:
American Conyon CA 94503	American Conyon CA	94503
*Telephone:	*Telephone:	
*Name: *Name: *Address: *City: *State: *Zip Code: *Telephone: Name and occupation of spouse within the last 12 months, if married (Fo	r Conflict of Interest purposes):	
NONE		
*Please explain your reasons for wishing to serve and, in your opinion, he		7
I wish To elevate st. Berui oudhope To encourage mon Active in Their community	ces in Amenican C re 518. To become	ougon

Hapa-Solano Area 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:	*email Address:
Joan Alycin Bennott	
*Home Address:	*Work Address:
*City: *State: *Zip Code: AMENICAL CALLON CA 94503	NO FORMA/ WONK- Get 1075 OF OOL, WONK at LOUGE *City: *State: *Zip Code:
*Telephone:	*Telephone: