



NAPA COUNTY

CALIFORNIA

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NAPA COUNTY
EXECUTIVE OFFICE



Form Center

Form Center

By signing in or creating an account, some fields will auto-populate with your information and your submitted forms will be saved and accessible to you.

Application for Appointment to Board, Commission, Committee, Task Force or Position

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.

Public Records Act

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.

Form 700 Conflict of Interest Code

California Fair Political Practices Website

Please note that appointees may be required by state law and county conflict of interest code to file financial disclosure statements.

Application for Appointment to:

NAPA COUNTY COMMISSION ON AGING
Name of Board, Commission, Committee, Task Force or Position.

Select Language ▼

Category of Membership for Which You Are Applying*

Organization Concerned with Older Adults

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.

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

Supervisorial District in Which You Reside*

DISTRICT 2

Home Address*

[REDACTED]

City*

NAPA

State*

CA.

Zip*

94559

Phone*

[REDACTED]

Email Address*

[REDACTED]

Work Address*

RETIRED

City*

—

State*

—

Zip*

—

Work Phone*

—

Current Occupation*

VOLUNTEER AS SENIOR ADVOCATE

Within the last 12 months

Current License

Professional or occupational, date of issue, and expiration including status

Education/Experience

2 YEARS OF COLLEGE

Resume No file chosen

Attach a resume containing this and any other information that would be helpful to the Board in evaluating your application.

Community Participation

SERVE ON CITY OF NAPA'S SENIOR ADVISORY COMMISSION

Nature of activity and community location

Other County Board/Commission/Committee on Which You Serve/Have Served

Member of N.C. Commission on Aging - 2001 - 2017

Public Actions that may impact Credit Rating

NONE

List all court or other public administration actions impacting your credit rating within the past ten (10) years.

Provide names, addresses and phone numbers of 3 individuals who are familiar with your background.

Reference 1**Name***

HEATHER STANTON

Phone***Address*****City***

NAPA

State*

CA.

Zip*

94559

Reference 2**Name***

NAOMI DRESKIN-ANDERSON

Phone***Address*****City***

~~NAPA~~
NAPA

State*

CA.

Zip*

94559

Reference 3

Name*

CHRISY KLING

Phone*

[REDACTED]

Address*

[REDACTED]

City*

NAAA

State*

CA

Zip*

94558

Name and occupation of spouse within the last 12 months, if married.

WIDOWED

For Conflict of Interest purposes

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

HAVE BEEN A SENIOR ADVOCATE FOR OVER 20 YEARS.
NOW, MORE THAN EVER WE NEED TO SEE THAT OUR SENIORS

I declare under penalty of perjury that the foregoing is ARE BEING WELL LOOKED AFTER.
true and correct.*

☒ Yes

☐ No

Electronic Signature Agreement

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

☐ I agree.

Electronic Signature

First M. Last

Betty Rhodes

Date

mm/dd/yyyy

hh:mm am/pm

11/9/18

☒ Receive an email copy of this form.

Email address

[REDACTED]

This field is not part of the form submission.