



A Tradition of Stewardship  
A Commitment to Service

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

OCT 04 2018

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)

Napa Co. Veterans Board

\*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.)

Commissioner

\*Supervisorial District in which you reside:

District 1 or ad hoc

\*Full Name:

Joel Charles Levitt

\*Date:

Sept 26, 2018

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

retired

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

Status retired, formerly marriage Family  
Therapist

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

Marriage Family Therapist from 2000-2012  
employed by Kaiser Permanente 2004-2012  
employed by Contra Costa mental health 1994-2004

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

volunteer at Swords to Plowshares in S.F.  
1994-1996 for various activities regarding  
veterans services.

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

N/A

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

Veterans Commission, Commissioner

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

\*Name:

Jean Narbut

\*Address:

[REDACTED]

\*City:

Napa

\*State:

CA

\*Zip Code:

94558

\*Telephone:

[REDACTED]

\*Name:

Vince D. Giulio

\*Address:

[REDACTED]

\*City:

Napa

\*State:

CA

\*Zip Code:

94558

\*Telephone:

[REDACTED]

\*Name:

David Ferry

\*Address:

[REDACTED]

\*City:

NAPA

\*State:

CA

\*Zip Code:

94558

\*Telephone:

[REDACTED]

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

Licensed marriage & Family Therapist

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

I am interested in veterans getting the services that they deserve and I have some experience working with veterans in the larger community.

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Veterans Commission

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:

Joel C. Levitt

\*email Address:

\*Home Address:

\*Work Address:

\*City:

\*State:

\*Zip Code:

NAPA

CA

94558

\*City:

\*State:

\*Zip Code:

\*Telephone:

\*Telephone: