

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

FEB - 8 2019 eAFA

A Tradition of Stewardship A Commitment to Service

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	ee or Task Force)
Commission 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.)	*Supervisorial District in which you reside:
District 5 bf	District 3 bf
*Full Name:	*Date:
Thomas B. Gill	2/8/19
*Current Occupation: (within the last twelve (12) months)	
Retired	
*Current License: (Professional or Occupational, date of issue and/or expi	iration including status)
State Bor # 146275	
*Education/Experience: (A resume may be attached containing this and any other inform	nation that would be helpful to the Board in evaluating your application.)
University of Puret Sand School of Los Cnow Seattle University School of Los	
*Community Participation: (Nature of activity and community location)	
Two years of service on Nepa Louty Tradge Proton to repa Cente Supremer	Grand Jury Court
*Other County Board/Commission/Committee on which you serve/have ser	rved:
Juverile Justice	

Commission in Aging			10 10
Names, addresses and phone number of three (3) individuals familia	ar with your background:		
*Name:	*Name:		
Bred Wagoslenecht	Naoni Dred	Raoni Drokon-Andison	
Address:	*Address:		
Food of Somues			
City: *State: *Zip Code:	*City:	*State:	*Zip Code:
10 apa CA 94558	inogra	СА	94558
Telephone:	*Telephone:		
Name:			
Beely Saxon Leonard			
Address:			
City: *State: *Zip Code:			
Npce CA 94558			
elephone:			
ame and occupation of spouse within the last 12 months, if married (For Conflict of Interest purpose	s):	
w/A			
ease explain your reasons for wishing to serve and, in your opinion,	, how you feel you could contrib	ute:	
I am a recently retired attacey/mediate Apatrets. I am familian with problem I wante for others going through the	or + prently line	in Colitoga	Se. ~

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

Commission 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:	
Monos B. Gill		
*Home Address:	*Work Address:	
	retind	
*City: *State: *Zip Code:	*City:	*State: *Zip Code:
colotogo cA 94515	NIA	
*Telephone:	*Telephone:	
	N) (A	