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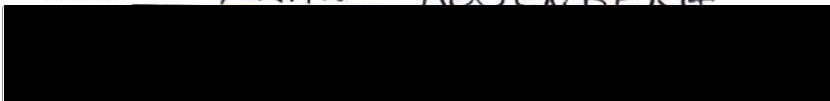
A Tradition of Stewardship
A Commitment to Service



Application for Membership on Napa/Solano Area Agency on Aging Advisory Council (Feel free to attach a resume or curriculum vitae (CV))

Federal and State laws mandate the composition of the Area Agency on Aging (AAA) Advisory Council. The application questions are designed to ensure the legal composition of the Advisory Council.

Name: FRAN ROSENBERG



Please indicate which county you are applying to represent:

Napa County Solano County

Please indicate your membership preference:

Primary Representative Alternate Representative No Preference

Please indicate the category for which you are applying and your category affiliation (if applicable):

Representatives of older individuals
 Representative of health care provider organizations, including providers of veterans' health care

Health care organization affiliation: _____

Representatives of supportive services provider organizations.

Supportive Services organization affiliation: _____

Persons with leadership experience in the private and voluntary sectors.

Leadership experience (resume or CV may be attached): EXECUTIVE DIRECTOR
MOLLY'S ANGELS (RETIRED)

Local elected officials

Elected position: _____

Term of Office: _____

Term Start Date

Term End Date

Family caregiver representative

The general public.

Please indicate your race and ethnicity:

White Hispanic Asian Black

Native Hawaiian/Pacific Islander American Indian Other: _____

Residence Address: [Redacted]

Business Address: _____

Phone Numbers: Home: [Redacted] Business: [Redacted]
Mobile: [Redacted]

Supervisorial District in which you reside: 1 2

The following links can be used as a reference for Supervisorial District information:

Solano County:

http://www.solanocounty.com/depts/rov/district_maps_and_lookup/districtlookup.asp

Napa County (select "My District" from the link below):

<https://www.countyofnapa.org/2116/Board-of-Supervisors>

It is anticipated that the Advisory Council will meet monthly. Dates and meetings locations will be determined by the Advisory Council and Advisory Council members may be asked to attend quarterly meetings of the AAA Oversight Board. Please indicate any obstacles you may have with regard to meeting attendance (example: "I am not able to meet on Mondays or Wednesdays");

Any day will be acceptable.

Memberships in other organizations or committees or other community participation (list name and address and nature of organization/committee or community participation):

N/A today
Previous - HAPI - Napa up Valley Senior Collaboration - St Helena
VITAL - Volunter Transportation Alliance - Lafayette, CA

Please provide a brief description of your employment and educational history (resume or CV may be attached): *Presentation High School, S.F. 12th grade / City College SF 1 year*

Small business owner - 30 years
Molly's Angels non-profit organization - 20 years

References (list 3):

<i>Bill Lipschultz</i>	<i>Friend</i>	[Redacted]
Name	Relationship	Phone Number
<i>Jean Bennett</i>	<i>Friend</i>	[Redacted]
Name	Relationship	Phone Number
<i>Nicole Pfister</i>	<i>Friend</i>	[Redacted]
Name	Relationship	Phone Number

Why do you want to serve on the Advisory Council?: *Knowledge of Senior programs and problems of the older adults in Napa County.*

Napa Applicants: please list all court or other public administration actions impacting your credit rating within the past 10 years: *None*

Applicant signature: [Redacted] Date: *Feb. 13, 2019*