



A Tradition of Stewardship
A Commitment to Service

Health & Human Services Agency
Mental Health Division
Administration

2261 Elm Street
Building Q
Napa, CA 94559-3721
www.co.napa.ca.us

Main: (707) 299-2101
Fax: (707) 299-2199

Randolph F. Snowden
Agency Director

October 12, 2009

Ms. Emilie Kuhlman-Furrer
[REDACTED]
[REDACTED]

Dear Emilie,

The term of your position representing the Napa County Mental Health Board expires on January 1, 2010. If you wish to request reappointment, please check the boxes below, sign where indicated, and return this letter to LuAnn Pufford, Sr. Office Assistant. When the letter has been returned, your name will be forwarded to the Clerk of the Board, and then to the Board of Supervisors for consideration for reappointment to another three-year term, as you have been a valued member of the Mental Health Board.

If any of the information on your last application for appointment has changed, please contact the Napa County Executive's Office to obtain a new application, and submit the completed new application when returning this letter.

-
- Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Mental Health Board for the term January 1, 2010 through January 1, 2013.
 - I confirm by signing below that all the information on my application is current; *or*
 - Some of the information on my prior application is no longer correct. A new application is attached.

A handwritten signature in black ink, appearing to be "Emilie Kuhlman-Furrer", written over a horizontal line.

SIGNATURE

A handwritten date "10/20/2009" in black ink, written over a horizontal line.

DATE



County Executive Office
 1195 Third Street, Room 310
 Napa, CA 94559-3082
 (707) 253-4421 FAX (707) 253-4176

eAFA

APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION, COMMITTEE OR TASK FORCE

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

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

County Mental Health 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.)*

Interested and concerned citizen

*Supervisorial District in which you reside:

1

*Full Name

Emilie Kuhlman-Furrer

Date

4/30/2008

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

Administrative Assistant, Healthy Moms and Babies

Current License (Professional or Occupational); Date of issue and/or expiration including status:

N.A.

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

I was born and raised on the East Coast and obtained my B.A. in English from Allegheny College. I have worked primarily in hospital/clinic/health care settings, though over the years I have also been employed by a local winery and by homeowners associations.

My employment experiences have included grant writing, data collection, the formulation of reports, client psychosocial narratives, etc. Due to my experiences at Healthy Moms and Babies, I am familiar with a wide range of community resources and am aware of collaborative efforts.

Community participation (nature of activity and community location):

As I raised my 4 children (all now adults) in Napa, for many years I was active in both public and private school settings - volunteering in classrooms, serving on a school board, and participating in a great deal of fundraising. I have also worked with wildlife rescue (Baby Bird Clinic) in Napa. Additionally, I am on the Advisory Board of Mentoring ToDAY (Mentoring to Develop the Aspirations of Our Youth), in Washington, DC.

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

Tobacco Advisory Board

* Denotes Mandatory Entry Required

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

County Mental Health Board

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

*Name

Cindy Goodale

*Address

[Redacted]

*City

*State

*Zip Code

[Redacted] [Redacted] [Redacted]

*Telephone

[Redacted]

*Name

Penelope Spain

*Address

[Redacted]

*City

*State

*Zip Code

[Redacted] [Redacted] [Redacted]

*Telephone

[Redacted]

*Name

Taya Darrow

*Address

[Redacted]

*City

*State

*Zip Code

[Redacted] [Redacted] [Redacted]

*Telephone

[Redacted]

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

N.A.

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

My youngest child, now almost 23, was diagnosed with schizophrenia at 16 yrs. 9 mos. My years of experience with him (he remains in the Napa community) have opened my eyes to the whole world of mental health concerns and the spillover of these concerns into areas of services available and not available, law enforcement, the legal system, the effect upon families, and more.

Due to my experiences, I feel a need to work with others in order that we might collaboratively improve the situation for consumers, families and the community at large. It has taken me a while to simply learn to deal with the realities and challenges mental illness has presented to my own family. I now feel ready to broaden my scope. I offer my personal commitment and a willingness to work on and learn from the issues at hand.

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

County Mental Health Board

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE. PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

All applications will be kept on file for one year from the date of application

PERSONAL INFORMATION

The following information is provided in confidence to the extent that it will not be posted on the Internet, 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

Emilie Kuhlman-Furrer

*e-mail Address

[Redacted]

*Home Address

[Redacted]

*Work Address

[Redacted]

*City

[Redacted]

State

[Redacted]

*Zip Code

[Redacted]

*City

[Redacted]

State

[Redacted]

Zip Code

[Redacted]

*Telephone

[Redacted]

Telephone

[Redacted]

Please Read!