

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)
Wild Life Conservation Commission	
*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.)  WILD LIFE / Couse V V Cateou Reo	*Supervisorial District in which you reside:  District 5
*Full Name	Date
Gene Rose	12/24/2009
*Current Occupation (within the last twelve (12) months):	
Ag & Standards Service Worker	
Current License (Professional or Occupational); Date of issue	and/or expiration including status:
Education/Experience: (A resume may be attached containing this and any oth Northern ARIZONA (1. UMP er 1), U. 2	
Community participation (nature of activity and community local	ation):
Other County Board/Commission/Committee on which you se	rve/have served:

<sup>\*</sup> Denotes Mandatory Entry Required

Application for Appointment to: (Name of Board, Commission	on, Committee or Task Force)	
Wild Life Conservation Commission		
Names, addresses and phone numbers of three (3) individual Name  Joel King  *Address  *City  *State *Zip Code  *Telephone	*Name  Ken Larrey  *Address  *City  *Telephone	*State *Zip Code
*Name  Douglas Bell  *Address  *City  *State *Zip Code  *Telephone		
Name and occupation of spouse within the last 12 months, if	married (for Conflict of Interest p	purposes):
*Please explain your reasons for wishing to serve and, in you I dislike waste. I love to be outside. I love to fish.	ur opinion, how you feel you cou	ld contribute:

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

Wild Life Conservation Commission

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			*e-mail Address			
Gene Rose						
*Home Address			*Work Address			
	<u>,</u>					
*City	State	*Zip Code	*City	State Zip Code		
*Telephone			Telephone			
Please Read!						
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