



A Tradition of Stewardship  
A Commitment to Service

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COUNTY OF NAPA  
EXECUTIVE OFFICE

County Executive Office

1195 Third Street, Suite 310  
Napa, CA 94559  
[www.countyofnapa.org](http://www.countyofnapa.org)

Main: (707) 253-4421  
Fax: (707) 253-4176

**Nancy Watt**  
County Executive Officer

April 28, 2010

Carolyn Wrage  


RE: Area Agency on Aging Serving Napa and Solano **BOARD**

Dear Ms. Wrage:

The term of your position representing the Area Agency on Aging Serving Napa and Solano **Board expires** on June 30, 2010.

If you wish to request reappointment, please check the **boxes** below, sign where indicated, and return this letter to the County Executive Office. When the letter has been returned, your name will be forwarded to the Board of Supervisors for consideration for reappointment to another 2-year term, as you have been a valued member of the **Board**.

**If any of the information on your last application for appointment has changed or is 5 years or older 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 AAOA **Board** for the term *commencing immediately and expiring* 6-30-12.
  - 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.

Carolyn F Wrage  
SIGNATURE

May 12, 2010  
DATE

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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)

AREA Agency on Aging Serving Napa + Solano

\*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.)

BOARD of DIRECTORS

\*Supervisorial District in which you reside:

Representing District 1

\*Full Name

CAROLYN F. WRAGE, LCSW

Date

MAY 13, 2010

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

- Retired from position of Mental Health Manager - Solano City Health + Social Services  
- Volunteer Counselor & Peer-Support Program - VINTAGE High School

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

LCSW # 1560 -  
Issued Aug. 8, 1969  
Expiration Feb. 28, 2011  
Status - CURRENT

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

GRADUATED FROM THE OHIO STATE UNIVERSITY & BSW + MSW degrees in 1961 + 1963. Worked for the State of CALIFORNIA as a Psychiatric Social + a supervisor for 19 years in Napa + Solano Counties + as a manager in Solano County for 22 years in Mental Health.  
I have been on the Board of Directors for AAOA since April 19, 2005, Representative District I.

Community participation (nature of activity and community location):

- MANY Committees + groups associated & Mental Health including Sec'y for The Asilomar Conference from 1990 - 1996.  
- Volunteer counseling 1/2 day a week at Vintage High School  
- Member of Solano City 4A ST Team  
- Member of Advisor Committee for Napa Comm. College Human Services

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

Solano County's Elder Abuse Council

\* Denotes Mandatory Entry Required

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

AREA Agency on Aging Serving Napa & Solano

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

\*Name  
LEANNE MARTINSEN

\*Address  
[REDACTED]

\*City \*State \*Zip Code  
[REDACTED]

\*Telephone  
[REDACTED]

\*Name  
Dr. Roger Wuerf

\*Address  
[REDACTED]

\*City \*State \*Zip Code  
[REDACTED]

\*Telephone  
[REDACTED]

\*Name  
Ms Wendy WALLIN

\*Address  
[REDACTED]

\*City \*State \*Zip Code  
[REDACTED]

\*Telephone  
[REDACTED]

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

NOT MARRIED

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

I have served on the AAOA Board for the past 5 years including serving on the nominating & fund-raising committees. Throughout my professional career I worked with seniors & their care-takers and those with mental health issues. I consulted & Nursing Homes & served on state-wide committees for conferences related to Mental Health. I am aware of the mental health needs of seniors, as well as housing needs & legal needs. I have many years experience & management & physical responsibility.  
I currently provide counseling service, pro bono, to students at Vintage High School & attend the advisory meeting for Napa Community College Human Service program, as well as other meetings & committees as requested. I have many years experience to offer.

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

Area Agency On Aging for NAPA SOLANO

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

CAROLYN FERN WRAGE

\*e-mail Address

[Redacted]

\*Home Address

[Redacted]

\*Work Address

Retired

\*City

[Redacted]

State

[Redacted]

\*Zip Code

[Redacted]

\*City

[Redacted]

State

[Redacted]

Zip Code

[Redacted]

\*Telephone

[Redacted]

Telephone

[Redacted]

Please Read!