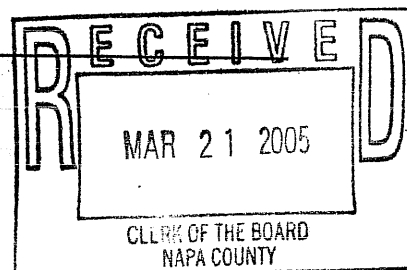


**ADVISORY BOARD ON ALCOHOL AND DRUG PROGRAMS**

Return To: County Executive Office  
1195 Third Street, Room 310  
Napa, Ca 94559-3082

**PLEASE PRINT OR TYPE (Please complete all three pages)**

1. Full name: JOHN W. APONDACA
2. Supervisorial District in which you reside: \_\_\_\_\_
3. a. Current occupation (within last 12 months): CEO SERENITY  
HOUSES OF NAPA VALLEY
- b. Business interests in last 12 months: REAL ESTATE DEVELOPMENT  
& TRANSITIONAL HOUSING, RECOVERY
4. Current License (Professional or Occupational); Date of issue and/or expiration:  
NAPA CITY BUSINESS LICENSE #22898  
NON-PROFIT 501(C)3 FORM 1023  
Status: STATE-APPROVED / FED PENDING
5. Education/Experience: A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.  
SONOMA STATE UNIV. - BUSINESS MAJOR  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Community participation (nature of activity and community location):  
NAPA VALLEY ARADO CLUB  
1115 JORDAN LANE



7. Other County Boards/Commissions/Committees on which you serve/have served:

CHAIRMAN, NAPA VALLEY ALANO CLUBS

8. Names, addresses and phone numbers of three individuals familiar with your background:

KIMBERLY FORBES, [REDACTED]

JUDY BICKELL [REDACTED]

LARRY BOWRETT [REDACTED]

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

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

OUR MISSION IS TO CREATE PATHS  
AND OPPORTUNITIES FOR THOSE  
SEEKING GREATER SELF-SUFFICIENCY,  
INDEPENDENCE AND DIGNITY BY  
PROVIDING A SAFE, STRUCTURED  
12-STEP BASED LIVING ENVIRONMENT.

11. Indicate the category of membership for which you are applying.

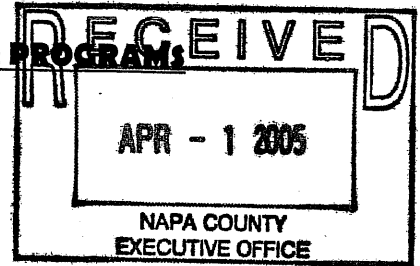
☐ Alcohol Industry  
☐ Law Enforcement  
☐ Student Member

☐ Business Community  
☒ Recovering Community  
☐ Interested Citizen

☐ Education  
☐ Probation  
☐ Alcohol Industry

**ADVISORY BOARD ON ALCOHOL AND DRUG PROGRAMS**

Return To: County Executive Office  
1195 Third Street, Room 310  
Napa, Ca 94559-3082



**PLEASE PRINT OR TYPE (Please complete all three pages)**

1. Full name: Lisa Kay Clark.
2. Supervisorial District in which you reside: 1
3. a. Current occupation (within last 12 months): Substance abuse /  
DUI counselor. Employment specialist.  
b. Business interests in last 12 months: own a clean and sober  
house in the community.
4. Current License (Professional or Occupational); Date of issue and/or expiration:  
RAS - Registered Addiction Specialist - intern  
(Breining institute) NOV 2004  
Status: intern
5. Education/Experience: A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.  
Graduate of "Our Family" residential program. (1998)  
Born in Napa, got clean in Napa, work and live in Napa.  
I am a member of Narcotics Anonymous, I work  
with a Sponsor, as well as I have Sponsees. I work in  
The field of recovery from addiction and Sub abuse.  
I also own a home in the community for clean and sober addicts.
6. Community participation (nature of activity and community location):  
Bought a house for the use of giving people a place  
to get on their feet who are clean and sober.  
House is located in Napa.

7. Other County Boards/Commissions/Committees on which you serve/have served:

8. Names, addresses and phone numbers of three individuals familiar with your background:

Gary Curtis [REDACTED]  
Esther Carrillo [REDACTED]  
Jeanne Mephram [REDACTED]

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

Tom Clark - warehouse/winery worker. Laird Family Estate

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

I am wishing to serve to better understand the running of programs in this community. I would love to be involved in the making of programs. At this point I am baffled on why "Our Family" The program that saved my life is going under. Why the Adult program is gone? Why Napa does not have an adult Residential program, when one I feel is desperately needed. I feel I could contribute to this board because I am in Recovery. I have 8 1/2 yrs clean. I am proud to say with no relapses since the day I walked through the doors of "Our Family" on Oct 4 1996

11. Indicate the category of membership for which you are applying.

<input type="checkbox"/> Alcohol Industry	<input type="checkbox"/> Business Community	<input type="checkbox"/> Education
<input type="checkbox"/> Law Enforcement	<input checked="" type="checkbox"/> Recovering Community	<input type="checkbox"/> Probation
<input type="checkbox"/> Student Member	<input type="checkbox"/> Interested Citizen	<input type="checkbox"/> Alcohol Industry

IF ADDITIONAL SPACE IS NEEDED TO PROVIDE REQUESTED INFORMATION, PLEASE ATTACH ADDITIONAL SHEETS.

MAR 24 2005

Return To:

Attn: Mary-Jean McLaughlin  
County Executive Office  
1195 Third Street, Room 310  
Napa, CA 94559-3082

RESUME

1. Application for: **Napa County Advisory Board on Alcohol and Drug Programs**
2. Full name: TERRY GONSALVES
3. Office address: [REDACTED] Telephone: [REDACTED]  
NAPA  
[REDACTED]
- Home address: [REDACTED] Telephone: [REDACTED]
4. a. Current occupation (within last 12 months): POLICE SERGEANT, NAPA POLICE DEPT.
- b. Business interests in last 12 months: N/A
5. Current License (Professional or Occupational); Date of issue and/or expiration: N/A
- Status: \_\_\_\_\_
6. Educational and past occupational background: 27<sup>th</sup> YEAR LAW ENFORCEMENT
7. Community participation (nature of activity and community location): \_\_\_\_\_

8. Names, address and phone numbers of three individuals familiar with your background:

COMMANDER JEFF TRENDLY NAPA POLICE  
COMMANDER STEVE POTTER " "  
COMMANDER ANDY LEWIS " "

9. Name and occupation of spouse within last 12 months, if married: JOANNE RN

10. Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute. I CURRENTLY SUPERVISE THE YOUTH SERVICES BUREAU / CRIME PREVENTION PROGRAM AT NAPA P.D. I HAVE BEEN ASKED TO SERVE ON THIS BOARD AND I'M INTERESTED IN DRUG / ALCOHOL PROGRAMS IN OUR AREA.
11. The following are specific requirements relating to the vacancy(s) on the Advisory Board on Alcohol and Drug Programs. If the foregoing information provided does not clearly address these requirements, please attach additional information.

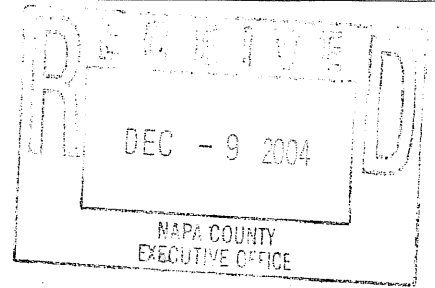
	Term Expires
<input type="checkbox"/> Two Interest Citizen	1-31-04
<input type="checkbox"/> One Business Community	1-31-04
<input checked="" type="checkbox"/> One Law Enforcement	1-31-05
<input type="checkbox"/> One Napa County Probation	1-31-05
<input type="checkbox"/> One Shared Student member	1-31-06
<input type="checkbox"/> Four Interested Citizen	1-31-06
<input type="checkbox"/> One Recovering Community	1-31-06

12. Signature: Ferry Gonzalez Date: 3-21-05

All resume forms will be kept on file for one year from the date of application.

Robert J. Howard

December 08, 2004



Napa County Board of Supervisors

As my term on the Napa County Alcohol/Drug Advisory Board expires on January 1, 2005, I request to be extended for another three-year term. This request is based on my enjoyment serving with dedicated people who have given their time and energy in serving the citizens of Napa County.

Thank you for your consideration in this matter.

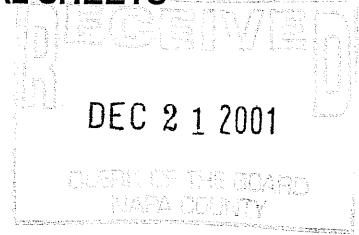
Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. Howard". The signature is stylized with a large, looping initial "R" and a long, sweeping horizontal stroke at the end.

Robert J. Howard

IF ADDITIONAL SPACE IS NEEDED TO PROVIDE REQUESTED  
INFORMATION, PLEASE ATTACH ADDITIONAL SHEETS

Return To: Clerk of the Board's Office  
1195 Third Street, Room 310  
Napa, Ca 94559-3082



**RESUME**

1. Application for: **Advisory Board on Alcohol and Drug Programs**
2. Full name: ROBERT J. HOWARD
3. Office address: N/A Telephone: \_\_\_\_\_  
\_\_\_\_\_  
Home address: [REDACTED] Telephone: [REDACTED]  
\_\_\_\_\_  
[REDACTED]
4. a. Current occupation (within last 12 months): RETIRED  
\_\_\_\_\_  
b. Business interests in last 12 months: CREATED A BUSINESS CONSULTING WITH  
AGENCIES AND THEIR CLIENTS TO PROVIDE ASSESSMENTS IN RESPONSE TO PROP 36.
5. Current License (Professional or Occupational); Date of  
issue and/or expiration: CERTIFIED ALCOHOL AND OTHER DRUG SPECIALIST (CAS) 1999  
ADDICTIONS STUDIES CERTIFICATE  
Status: ACTIVE  
\_\_\_\_\_  
\_\_\_\_\_
6. Educational and past occupational background: SEE ATTACHED RESUME  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



7. Community participation (nature of activity and community location): ALTERNATIVE TO VIOLENCE, LAKE COUNTY; WOMENS PROGRAM, NAPA; MENTALIVE, NAPA  
HOMELESS VETERANS, MENLO PARK; DELINQUENT YOUTH ADVISORY, SAN JOSE
8. Names, address and phone numbers of three individuals familiar with your background:  
CARMEN VICIAN, [REDACTED], [REDACTED]  
MOSES Mc CLAIN, [REDACTED], [REDACTED]  
CHESTER RENFRO, [REDACTED], [REDACTED]
9. Name and occupation of spouse within last 12 months, if married: \_\_\_\_\_
10. Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute.  
I HAVE BEEN IN RECOVERY FOR 7+ YEARS. HAVE TAKEN NUMEROUS CLASSES IN ADDITION.  
THERE ARE MANY PEOPLE SEEKING ASSISTANCE IN THEIR RECOVERY, I THINK THE ADVISORY BOARD CAN  
ASSIST IN FINDING SOLUTIONS. VOLUNTEERING IN DIFFERENT FACETS OF COMMUNITY PROGRAMS TO ASSIST  
PEOPLE, I FEEL THAT I CAN ASSIST OTHERS ON THE BOARD TO PURSUE SOLUTIONS. I BELIEVE THAT THE  
ADVISORY BOARD'S FUNCTION IS TO RECOMMEND TO THE BOARD OF SUPERVISORS ON THE SPENDING OF  
LIMITED BUDGET DOLLARS TO PROVIDE THE MOST EFFECTIVE APPROACHES TO CURRENT AND FUTURE NEEDS  
OF THE CITIZENS OF NAPA COUNTY.
11. The following are specific requirements relating to the vacancy(s) on the Advisory Board on Alcohol and Drug Programs. If the foregoing information provided does not clearly address these requirements, please attach additional information.
- |         |                             |
|---------|-----------------------------|
| One (1) | Law Enforcement Member      |
| One (1) | Education Member            |
| One (1) | Recovering Community Member |
| One (1) | Probation Member            |
| Two (2) | Interested Citizen Member   |
12. Signature: [Signature] Date: 12/21/01

All resume forms will be kept on file for one year from the date of application.



## Robert J. Howard

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### Objective

Addiction Counseling/Facilitating

### Experience

Ford Street Project, Ukiah, CA 2000 - 2001

#### **On-Call Counselor**

- Provided on-call counseling for residential clients.
- Worked an average 10 – 15 hours per week assisting clients with personal recovery
- Documented all pertinent information in resident's charts
- Counseled individual residents

Veterans Home of California, Yountville, CA 1997 - 2000

#### **Resident Counselor**

- Facilitated three educational groups of 12 – 25 resident/clients five days per week in inter-personal communications, relapse prevention, grief and loss, weekly check-in, case management and medical aspects of alcohol and drug addiction
- Facilitated discussion groups five days per week on benefits of personal recovery
- Counseled clients on weekly schedules
- Documented all pertinent information in client charts
- Participated in all staff group discussions and decisions

Homeless Veterans Rehabilitation Program, Menlo Park, CA 1995 - 1997

#### **Counselor/Advisor/Mentor**

- Counseled, advised and mentored residents in the HVRP program while attending and after attend the program
- Taught individual counseling methods, functional groups, and computer skills
- Provided Staff with computer programs, flyers, memoranda and letters. Repaired existing computers and audio/visual equipment.

**Robert J. Howard**  
**(continued)**

**Certifications**

- Certified Alcohol and Other Drug Specialist (CAS), California Association of Addiction Recovery Resources (CARR)
- Addictions Studies Certificate, Breining Institute, Orangevale, CA
- Addictions Studies Completion Certificate, California Association of Addiction Recovery Resources (CARR)
- Substance Abuse and Aging, American Society on Aging
- Addiction Severity Index Training, Mendocino County AODS

**Volunteer  
Experience**

- 2001 – Present      Alternative to Violence, Clearlake, CA
- 2000 – 2000      Napa County Alcohol and Drug Advisory Board
- 1997 – 2000      Women's Battered Center, Napa, CA
- 1999 - 2000      MANALIVE/Men's Program, Napa, CA
- 1995 – 1997      Homeless Veterans Rehabilitation Program  
Menlo Park, CA
- 1990 - 1995      Delinquent Youth Advisory Board, San Jose, CA
- 1985 – 1986      San Jose Battered Woman's Center, San Jose, CA

**Education**

- BS Psychology, Del Mar College, Del Mar, CA



NANCY WATT  
County Executive Officer

# COUNTY of NAPA

MARY JEAN McLAUGHLIN  
Public Information Officer/Committees & Commissions

## **ADVISORY BOARD ON ALCOHOL AND DRUG PROGRAMS**

Return To: County Executive Office  
1195 Third Street, Room 310  
Napa, Ca 94559-3082

### **PLEASE PRINT OR TYPE (Please complete all three pages)**

1. Full name: Carla Maus
2. Supervisorial District in which you reside: Napa
3. a. Current occupation (within last 12 months): Senior Probation Officer & Youth Division Officer  
b. Business interests in last 12 months: \_\_\_\_\_
4. Current License (Professional or Occupational); Date of issue and/or expiration: \_\_\_\_\_  
\_\_\_\_\_  
Status: \_\_\_\_\_
5. Education/Experience: A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.  
See attached

	<b>RECEIVED</b>  MAR 21 2005  CLERK OF THE BOARD NAPA COUNTY

6. Community participation (nature of activity and community location):

Sonoma Coast Surfrider / member since 2001

monthly beach cleanups, education for public, misc. activities / fund  
raisers

7. Other County Boards/Commissions/Committees on which you serve/have served:

8. Names, addresses and phone numbers of three individuals familiar with your background:

Ron Abernethy

Joni Yacoe

Connie Millimaki

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

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

I believe I have a unique perspective on the needs  
of the recovery community as a result of my years  
of work with juveniles and adults in the process  
of working through addiction to drugs & alcohol.

I am desiring to contribute my energy, perspective  
and ideas to further serving the members of  
the Napa Community, both juveniles & adults,  
who struggle with substance abuse addiction.

# CARLA C. MAUS

## EXPERIENCE

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### **Napa Probation Department**

- **2004-present, Proposition 36:** Supervision of adult drug offenders, manage caseload of approximately 280 probationers, present weekly court calendar, coordinate services with multi-discipline team, prepare Revocation and Pre-Sentence Reports.
- **2003-2004, Intensive Supervision:** Managed a caseload of approximately 25 juvenile mental health and sex offenders, prepared Dispositional Reports, coordinated services with day treatment school, therapists, monthly meetings with parents and wards to evaluate compliance with court orders.
- **2002-2003, Juvenile Drug Court:** Managed an intensive caseload of approximately 20 juvenile drug offenders, coordinated services with multi-discipline team, prepared weekly court reports, facilitated weekly clean and sober recreational activities.
- **2000-2002, Adult Drug Court:** Managed a caseload of approximately 50 adult drug offenders, coordinated services with multi-discipline team, presented weekly court calendar.
- **2000-2001, Adult Court Officer:** Investigated cases for preparation of Pre-Sentence reports, handled weekly master criminal calendar.
- **1998-2000, System Of Care:** Managed caseload of approximately eight families involved in the juvenile criminal justice and mental health systems, coordinated services with multi-discipline team, weekly family meetings and intensive supervision of offenders.
- **1991-1998, Juvenile Placement Officer:** Supervised approximately 40 juvenile offenders in residential treatment, coordinated services with residential programs, monthly meetings with offenders in placement, frequent contact with parents, prepared Dispositional Reports.

### **Napa Police Department**


- **1997-present, Youth Diversion Officer:** Supervise approximately 25 juvenile offenders on Diversion, monthly meetings with parents and offenders, co-facilitate educational and support group for diversion participants.

### **Contra Costa Public Defenders**

- **1987-1989, Law Clerk:** Prepared OR/Bail studies, assessed adult offenders for suitability in residential treatment, prepared status reports for conservatees, assisted in handling LPS calendar, conducted initial interviews for jail intake.
- **1988-1989, Law Clerk:** Researched and prepared motions for death penalty case, assisted in court appearances.

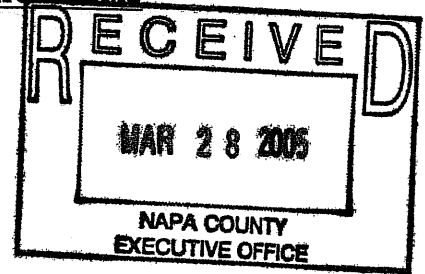
## EDUCATION

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- 1986-1989 New College School of Law, Juris Doctor
  - 1982-1985 California State University, Chico, B.A. Political Science, B.A., Psychology, Paralegal Certificate
  - 1979-1982 Diablo Valley College, A.A.
- 

**ADVISORY BOARD ON ALCOHOL AND DRUG PROGRAMS**

Return To: County Executive Office  
1195 Third Street, Room 310  
Napa, Ca 94559-3082



**PLEASE PRINT OR TYPE (Please complete all three pages)**

1. Full name: Lisa O'Brien
2. Supervisorial District in which you reside: 4TH
3. a. Current occupation (within last 12 months): Lawyer  
Sole proprietor  
b. Business interests in last 12 months: ↑
4. Current License (Professional or Occupational); Date of issue and/or expiration:  
License to practice law  
(Renewed yearly)  
Status: Active
5. Education/Experience: A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.  
J.D. - Empire School of law  
California State Trooper 1982-1989
6. Community participation (nature of activity and community location):  
Republican Central Committee  
Sons of Italy

7. Other County Boards/Commissions/Committees on which you serve/have served:

Grand Jury 1998

8. Names, addresses and phone numbers of three individuals familiar with your background:

Sharon Knauer

Brian Siller

Annie Williams -

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

James O'Brien Retired CUP in 1999

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

I practice Criminal Defense and see how Drug & Alcohol programs in NAPA have greatly diminished over the year, adversely affecting ALL of NAPA. I would be able to provide this committee w/ info on how to better serve NAPA and to ensure success!

11. Indicate the category of membership for which you are applying.

☐ Alcohol Industry  
☒ Law Enforcement  
☐ Student Member

☒ Business Community  
☐ Recovering Community  
☒ Interested Citizen

☐ Education  
☐ Probation  
☐ Alcohol Industry