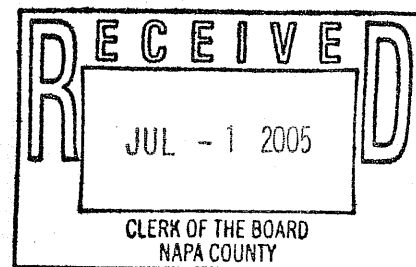


TOBACCO ADVISORY BOARD

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: Mark S. Hiza

2. Supervisorial District in which you reside: 1

3. a. Current occupation (within last 12 months): Videoographer /
Teacher

b. Business interests in last 12 months: X

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.

Fire Fighter L.A.F.D. 86-90

Teacher U.C.L.A. 80-90

E.S.L. Teacher (Taipei Taiwan) 78-80

ADULT Teaching Credential U.C.L.A. 84

B.A. U.C.L.A. 84 Paramedic Certification 81.

Crisis Intervention Certification U.C.L.A.
U.C. Berkeley 94

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

1) Cybermill Clubhouse (Video and P.R. work)

2) Molly's Angels (Volunteer wine pourer.
P.R. work)

3) ST. John The Baptist church (P.R. Homeless

4 Suicide Hotline Napa

5 Volunteer E.S.L. Tutor

6 (KINO college S.F.)

6. Peace Table (C.P.R. video work, with,
Dorothy Lind)

7 Volunteer Videographer (Leadership
Napa Valley Projects)

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

Napa Public Access Cable Television
(CHAIRMAN, Head of Fundraising)

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

James Raymond [REDACTED]

Molly Banz [REDACTED]

Cynthia Dempsey [REDACTED]
[REDACTED]

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

None

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

As a retired paramedic I have,
witnessed, first hand the ravages
of tobacco; coupled with the
horror of watching my uncle
die of cancer,

My experience in video, film
and public relations will
only add to the depth of
commitment that currently
exists on the tobacco Commission.

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

☒ Community Representative
☐ Health Care Organization
☐ Agency-Substance Abuse/Addiction

☒ Member At Large
☐ Agency-Tobacco Related Diseases