



A Tradition of Stewardship
A Commitment to Service

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

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

Nancy Watt
County Executive Officer

December 2 2015

Barbara Ann Monnette

[REDACTED]
St Helena CA 94574
[REDACTED]

Re: Napa County Tobacco Advisory Board

Dear Ms. Monnette:

The term of your position representing the Napa County Tobacco Advisory Board expires on January 31, 2016.

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 Napa County Tobacco Advisory 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 **Napa County Tobacco Advisory Board** for the term commencing immediately and expiring January 31, 2018
 - 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.

Barbara (Bobby) Monnette

SIGNATURE

12/3/15

DATE



County Executive Office
 1195 Third Street, Room 310 Napa, CA 94559-3082
 (707) 253-4421 FAX (707) 253-4176
 APPLICATION FOR APPOINTMENT TO
 BOARD, COMMISSION, COMMITTEE OR TASK FORCE

RECEIVED

DEC - 2 2015

eAFA

NAPA COUNTY
 EXECUTIVE OFFICE

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PLEASE TYPE OR PRINT (Complete pages 1 through 3)

NOTE: Applications are public records that are subject to disclosure under the California Public Records Act. Information provided by the applicant is not regarded as confidential except for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

For information about Form 700 Conflict of Interest Code click on this link [Committee List of Form 700 Filers](#)

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

napa county tobacco advisory 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.)

community representative

*Supervisorial District in which you reside:

three

*Full Name:

barbara anne monnette

*Date:

12/1/2015

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

retired Kaiser Permanente CDRP, Vallejo. Small private practice current.

*Current License: (Professional or Occupational, date of issue and/or expiration including status)

LCSW issued 6/20/91 renewal date 10/31/2016

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

BA degree UC Berkeley Sociology 1965
 MA degree Cal. State University Sacramento 1988
 Solano County Mental Health Department 1989 - 1994
 Kaiser Permanente Dept. of Psychiatry, CDRP 1994 - 2009

*Community Participation: (Nature of activity and community location)

Planning Commissioner for the City of St. Helena, Ca
 Member of Nat'l Union of Health Workers Retiree Group
 Board Member of Napa Co. Tobacco Advisory Board
 Napa Volunteer for Citizens Legal Service

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

Bargaining team for NUHW

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

napa county tobacco advisory board

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

*Name:

Charlene Steen

*Address:

[Redacted]

*City:

Napa

*State:

Ca

*Zip Code:

94558

*Telephone:

[Redacted]

*Name:

barrie glen

*Address:

[Redacted]

*City:

Napa

*State:

Ca

*Zip Code:

94558

*Telephone:

[Redacted]

*Name:

Kathy Coldiron

*Address:

[Redacted]

*City:

Saint Helena

*State:

Ca

*Zip Code:

94573

*Telephone:

[Redacted]

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

[Redacted]

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

I developed an integrated nicotine dependency recovery program at Kaiser CDRP and want to continue to address nicotine addiction with my participation on this Board. My father and grandfather died from nicotine related diseases.

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napa county tobacco advisory board

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

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

PERSONAL INFORMATION

The following information is provided in confidence, 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:

barbara anne monnette

*email Address:

[REDACTED]

*Home Address:

[REDACTED]

*Work Address:

[REDACTED]

*City:

Saint Helena

*State:

Ca

*Zip Code:

94574

*City:

Rutherford

*State:

Ca

*Zip Code:

94573

*Telephone:

[REDACTED]

*Telephone:

[REDACTED]