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JAN - 6 2016



A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY
EXECUTIVE OFFICE

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 9 2015

Susan Bohrer-Todd

Napa CA 94558

Re: Napa County Advisory Board on Alcohol and Drug Programs

Dear Ms. Bohrer-Todd:

The term of your position on the Advisory Board on Alcohol and Drug Programs expires January 1 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 three-year term, as you have been a valued member of the Advisory Board on Alcohol and Drug Programs.

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 Advisory Board on Alcohol and Drug Programs for the term commencing immediately and expiring January 1 2019.
- ☒ 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.

A handwritten signature of Susan Bohrer-Todd in cursive script, written over a horizontal line.

SIGNATURE

1-6-16

DATE

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DEC 04 2012

eAFA

**APPLICATION FOR APPOINTMENT TO
BOARD, COMMISSION, COMMITTEE OR TASK FORCE**

COUNTY OF NAPA
EXECUTIVE OFFICE

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

This application may be subject to disclosure under the Public Records Act.

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

ALCOHOL AND DRUG 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.)

INTERESTED CITIZEN

*Supervisorial District in which you reside:

DISTRICT 5

*Full Name

SUSAN BOHRER-TODD

Date

12-4-12

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

RETIRED: NAPA STATE HOSPITAL DIETETICS

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

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

CERTIFICATE UC BERKELEY DRUG AND ALCOHOL STUDIES
3 ASSOCIATE OF ARTS DEGREE NAPA VALLEY COLLEGE

Community participation (nature of activity and community location):

ALANON - STOCKTON STREET, NAPA, CA.

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

* Denotes Mandatory Entry Required

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

NAPA COUNTY ADVISORY BOARD ON ALCOHOL AND DRUG PROGRAMS

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

*Name

DAVID M. CAUL

*Address

*Name

BETH BENTLY

*Address

*City

NAPA

*State *Zip Code

CA

94558

*City

NAPA

*State *Zip Code

CA

94558

*Telephone

*Telephone

*Name

TIFFANY NOUCH

*Address

*City

ACAMPO

*State *Zip Code

CA

*Telephone

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

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

My interest in alcohol & drug issues comes from an intergenerational problem of chemical dependence within my family and many of my friends and their families.

In addition my educational background in psychology and chemical dependence issues enhances my ability to contribute.

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

NAPA COUNTY ADVISORY BOARD ON ALCOHOL AND DRUG PROGRAMS

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

SUSAN E. BOHRER-TODD

*e-mail Address

[REDACTED]

*Home Address

[REDACTED]

*Work Address

[REDACTED]

*City

NAPA

State

CA

*Zip Code

94558

*City

NAPA

State Zip Code

CA

94558

*Telephone

[REDACTED]

Telephone

[REDACTED]

Please Read!

University of California, Berkeley

UNIVERSITY EXTENSION

This is to certify that

Susan E. Bohrer-Todd

has successfully completed the

Certificate in Alcohol and Drug Abuse Studies

consisting of 19 semester units of evaluated learning

James E. Alwood
Dean, University Extension



February 22, 2003