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DEC 24 2015

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



A Tradition of Stewardship
A Commitment to Service

December 9 2015

Thomas Allan Holstein

[Redacted]
Napa CA 94558
[Redacted]

Re: Napa County Advisory Board on Alcohol and Drug Programs

Dear Mr. Holstein:

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.

Thomas A. Holstein
SIGNATURE

12/13/2015
DATE



A Tradition of Stewardship
A Commitment to Service

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

OCT 16 2012

COUNTY OF NAPA eAFA
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)

Advisory Board on Alcohol and Drug Problems

*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 Member

*Supervisorial District in which you reside.

Mark Luce 2

*Full Name:

Thomas Allan Holstein

*Date:

10/16/2012

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

Special Education Teacher
Sierra School of Solano County *Santa Maria*

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

Level II Mild/Moderate Life Special Education Teacher

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

I began my career in education as a teacher, principal, acting superintendent; textbook publishing; educational technology; returned to teaching at-risk and special education students.

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

Active member of Alcoholics Anonymous since August 1965; secretary, Intergroup, GSR; chairman of 5:30 group meetings for 2 years; president/chairman of the board of Alano Center of Napa Valley.

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

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

Advisory Board on Alcohol and Drug Problems

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

*Name:

Dan Lynch

*Address:

[Redacted Address]

*City:

St. Helen

*State:

CA

*Zip Code:

94574

*Telephone:

[Redacted Telephone]

*Name:

Dan Marks

*Address:

[Redacted Address]

*City:

Napa

*State:

CA

*Zip Code:

94558

*Telephone:

[Redacted Telephone]

*Name:

Claudia Millimaki

*Address:

[Redacted Address]

*City:

Napa

*State:

CA

*Zip Code:

94558

*Telephone:

[Redacted Telephone]

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

Mary Holstein; Administrative Assisstane, City of American C

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

I have spent my life working to help people develop themselves through education. Since I became sober I have been continuing this through working with people with alcohol and drug abuse problems. I would like to continue doing this on this board.

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

Advisory Board on Alcohol and Drug Problems

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 DISLOSURE 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:

Thomas Allan Holstein

*E-mail Address:

[Redacted]

*Home Address:

[Redacted]

*Work Address:

[Redacted]

*City:

Napa

*State:

CA

*Zip Code:

94558

*City:

Elmira Santa Rosa

*State:

CA

*Zip Code:

95625 95404

*Telephone:

[Redacted]

*Telephone:

[Redacted]