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FEB - 4 2015

NAPA COUNTY eAFA
EXECUTIVE OFFICE



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

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

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

Advisory Board on Alcohol and Drug Program

*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.)*

Student

*Supervisorial District in which you reside:

Mark Luce (2)

*Full Name

Verenice Tapia

Date

10.8.15

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

Student

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

NA

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 am a sophomore currently attending Justin-Siena.

Community participation (nature of activity and community location):

A member of the FNL club, and I have volunteer in several community health and outreach events. I also help at St. John Catholic Church religious education classes.

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

I am part of the FNL leadership group.

* Denotes Mandatory Entry Required

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

Advisory Board on Alcohol and Drug Program

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

*Name

Catalina Tapia Chavez

*Name

Frances Ortiz-Chavez

*Address

[Redacted]

*Address

[Redacted]

*City

Napa

*State

Ca

*Zip Code

94558

*City

Napa

*State

CA

*Zip Code

94558

*Telephone

[Redacted]

*Telephone

[Redacted]

*Name

Nancy Wynne de Rivera

*Address

[Redacted]

*City

Napa

*State

Ca.

*Zip Code

[Redacted]

*Telephone

[Redacted]

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

N/A

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

I wish to be on the drug and alcohol board to learn more, and to provide my youth perspective. I am concerned about the well being of my community, and want to be aware of some of the issues that are creating an unsafe and unhealthy atmosphere. Drugs and alcohol can have a corrosive effect on any social group, even young teens, therefore I would like to contribute my time and serve my community.

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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

Verenice Tapia

*e-mail Address

[Redacted]

*Home Address

[Redacted]

*Work Address

[Redacted]

*City

Napa

State

Ca

*Zip Code

94558

*City

[Redacted]

State

[Redacted]

Zip Code

[Redacted]

*Telephone

[Redacted]

Telephone

[Redacted]

Please Read!