



A Tradition of Stewardship
A Commitment to Service

December 13, 2016

Steven Charles Gehring

Napa CA 94558

Via email: USPS

Re: Napa County Mental Health Board

Dear Mr. Gehring:

The term of your position representing the **Napa County Mental Health Board** expires on January 1, 2017.

If you wish to request reappointment, please check the appropriate 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 Napa County Mental Health Board.

If any of the information on your last application for appointment has changed or is 5 years old or older, please contact the Napa County Executive Office to obtain a new application and return the new application with your reappointment request or go to the following link to complete your application online: [Link to Napa County Committees and Commissions page](#).

-
- Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa County Mental Health Board for the term commencing immediately and expiring January 1, 2020.
 - I confirm by signing below that all the information on my last application is current; or
 - Some of the information on my last application is no longer correct or is five (5) years old or older. A new application is attached.

Steven Gehring

SIGNATURE

12-27-16

DATE

RECEIVED

DEC 27 2016

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

Leanne Link
County Executive Officer

COUNTY EXECUTIVE OFFICE

1195 Third Street • Suite 310 • Napa, CA 94559 • (707) 253-4421

www.countyofnapa.org

FAX (707) 253-4176



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

JUN - 2 2016 eAFA

NAPA COUNTY
EXECUTIVE OFFICE

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 Mental Health 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.)

Consumer

*Supervisory District in which you reside:

1

*Full Name:

STEVEN Charles Gehring

*Date:

6-1-16

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

healing, spiritual, psychological & emotional due to long jobs history of occupations

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

LPT license expired 1-2012 due to lack of Renewal by me status when expired eligible for renewal

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

1977-79 Human Services cert. P. raction. Carmichael Ca
1999-01 Crestwood Manor Carmichael, Ca - chronic thought disorders
1981-85 Serendipity PACT center - SED adolescents
1982-85 Sunny Knoll Lodge SEC developmentally disabled adults
1985-07 Crestwood Manor SACCA
Along E Resume

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

Disability services & local center Napa Ca

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

NA

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

NAPA County Mental Health Board

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

*Name:

Richard M. Sanchez

*Address:

[Redacted]

*City:

Napa

*State:

CA

*Zip Code:

94559

*Telephone:

[Redacted]

*Name:

Rodney Seib

*Address:

[Redacted]

*City:

NAPA

*State:

Ca

*Zip Code:

94559

*Telephone:

[Redacted]

*Name:

William Namurth

*Address:

[Redacted]

*City:

NAPA

*State:

Ca

*Zip Code:

94558

*Telephone:

[Redacted]

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

NA

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

Another aspect of serving people. Contributions based due to extensive hx of being of service to others that are your "clients". Also I was dx in 1987 as schizoaffective. I stay in various psychiatric crisis facilities along with prescribed medication.

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

NAPA County Mental Health 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:

STEVEN CHARLES GEHRING

*email Address:

NA

*Home Address:

[Redacted]

*Work Address:

NA

*City:

NAPA

*State:

CA

*Zip Code:

94558

*City:

NA

*State:

NA

*Zip Code:

VA

*Telephone:

[Redacted]

*Telephone:

VA

Steven Gehring

Napa, California 94558

**PROFESSIONAL
EXPERIENCE**

Disability Services and Legal Center, Napa, CA

04/2014 – Present

Volunteer

- Executes light office duties
- Participates in community outreach
- Performs maintenance and upkeep of office space

Heritage Oaks Hospital, Sacramento, CA

02/1999 – 05/2013

Licensed Psychiatric Technician in Inpatient and Outpatient Programs

- Dispensed medication to psychiatric patients
- Conducted crisis intervention
- Charted patient records

Solano Park Hospital, Fairfield, CA

09/1990 – 06/1995

Mental Health Worker/Licensed Psychiatric Technician in Inpatient Program

- Dispensed medication to psychiatric patients
- Performed crisis prevention and intervention
- Charted patient records

EDUCATION

Napa Valley College, Napa, CA

09/1987 – 01/1989

Psychiatric Technician Certificate

American River College, Carmichael, CA

09/1977 – 01/1979

Certificate of Human Services