MENTAL HEALTH BOARD

Return To:

County Executive Office

1195 Third Street, Room 310 Napa, Ca 94559-3082

PLEASE PRINT OR TYPE (Please complete all three pages)

. Current occupation (within last 12 months):	student at
Vintage High School	
Business interests in last 12 months: N/	
urrent License (Professional or Occupational); Dat \mathcal{N}/\mathcal{A}	e of issue and/or expiration:
tatus:	
tatus:	
ducation/Experience: A resume may be attached	containing this and any other evaluating your application.
Education/Experience: A resume may be attached information that would be helpful to the Board in Lan currently in Peer Support.	containing this and any other evaluating your application. I will graduate
Education/Experience: A resume may be attached information that would be helpful to the Board in I am currently in Peer Support. In 2006.	containing this and any other evaluating your application. I will graduate
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Education/Experience: A resume may be attached information that would be helpful to the Board in I am currently in Peer Support. In 2006.	containing this and any other evaluating your application. I will graduate

7.	Other County Boards/Commissions/Committees on which you serve/have served:
	I went to a board meeting that consisted of school board members, school staff members, and students. We talked about ways to make the school environment safer for teachers and students. It took
8.	Names, addresses and phone numbers of three individuals familiar with your Place on background:
	1) Harris Nussbaum - 255 4054
	2) Rich Anderson - 053-3601 ex 155
•	3) Carol TeeTers - 153-3882
9.	Name of spouse and occupation of spouse within last 12 months, if married (for Conflict of Interest purposes):
	N/A
10.	Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute:
	feel it is important to get a student's point of view. The
•	community consists of people of all ages and backgrounds and I
	feel the more diverse the board members are the more
	thoughts and ideas they'll be to work with. I am also
	part of Peer Support and I strongly feel it is important
	to keep a program that is so effective strong.
11.	Indicate the category of membership for which you are applying.
	Family Member of Consumer Consumer Consumer

	JAN 3 1 2001
Retu	rn To: County Administrator's Office 1195 Third Street, Room 310 Napa, Ca 94559-3082 ADMINISTRATION NAPA COUNTY
	RESUME
1.	Application for: Mental Health Board
2.	Full name: Bery Joanne Nielser
3.	Office address: 2100 No fa la la rollun Telephone: 707,053
	MAPPEN TO THE SEPTEMBER OF THE SEPTEMBER
	Home address: Telephone: 07.226-
	AND PROCESSOR
4.	a. Current occupation (within last 12 months):
	Psychotric Social Worker
	- lost 12 months:
	b. Business interests in last 12 months.
	D. Dustness intereses in fact 12 menons.
5.	Current License (Professional or Occupational); Date of
5.	Current License (Professional or Occupational); Date of issue and/or expiration:
5.	Current License (Professional or Occupational); Date of issue and/or expiration: L(SW MAD 2002, Sapt. 3)
5.	Current License (Professional or Occupational); Date of issue and/or expiration:
5.	Current License (Professional or Occupational); Date of issue and/or expiration: L(SW MAD 2002, Sept. 3) Status: [SSwd 1990, September]
5.	Current License (Professional or Occupational); Date of issue and/or expiration: LCW MAD 2002, Sept. 30 Status: [SSWA 1990, September 1990] Educational and past occupational background:
	Current License (Professional or Occupational); Date of issue and/or expiration: LCW MAD 2002, Sept. 30 Status: [SSWA 1990, September 1990] Educational and past occupational background:
	Current License (Professional or Occupational); Date of issue and/or expiration: L(SW MAD 2002, Sept. 3) Status: [SSwd 1990, September]
	Current License (Professional or Occupational); Date of issue and/or expiration: LCW MAD 2002, Sept. 30 Status: [SSWA 1990, September 1990] Educational and past occupational background:
6.	Current License (Professional or Occupational); Date of issue and/or expiration: LCW MAD 2002, Sept. 30 Status: [SSWA 1990, September 1990] Educational and past occupational background:

	·
8.	Names, address and phone numbers of three individuals
U.	familiar with your background:
	July Noss = 53965-2220 Habur
	16 Va 1 0 A
	Kieth low latter
	Mayor ES 3
	Gerre PARK Within last 12 months, if
9.	Name and occupation of spouse within last 12 months, if married: Time Crocker M.D. Retired physician
10.	Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute.
	your opinion, now you reer you could some fonce of the Orange
	your opinion, how you feel you could contribute. Your opinion, how you feel you could contribute. As and on the Quelity Assurant task Fonce of the Orange As and who I himse his time contract Agree
to Mental	Health Advisory BONKO was filed
2 - Stall	teal The Advisory BOARD Whe I Lived in IRVINE. We downed was of part of Roceiving feelback from chients via a survey we downed was of part and hope to continue This containstion in Napa with The ain of would hope to continue This containstion in Napa with The ain of house of some the medal health chients of wapa.
orest. I	rund hope to contizue This containation
bed in	f services possible for the neutral health cheat of with
) Sea	francies possible for the mental health chients of WAPA. ving culturally diverse clients of NAPO is as an inputant took this
11. Advison B	orroand I like very infortation
11.	The following are specific requirements relating to the vacancy(s). If the foregoing information provided does not
	clearly address these requirements, please attach additional
+ 2	information.
	10 Interested and Concerned Citizen
12	Signature: Sorel Melson Date: 1/- 14-00
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All resume forms will be kept on file for one year from the date of application.

IF ADDITIONAL SPACE IS NEEDED TO PROVIDE REQUESTED INFORMATION, PLEASE ATTACH ADDITIONAL SHEETS

Return To: Clerk of the Board's Office 1195 Third Street, Room 310 Napa, Ca 94559-3082

MAY 1 5 7002 CLERK OF THE BOARD VAPA COUNTY

APPLICATION

Appli	cation for: MENTAL HEALTH BOARD
Full n	name: Gerald S. Levin (As you would like it to appear on the Board of Supervisors' Agenda)
Office	e address:Telephone:
Home	e address:Telephone:
a.	Current occupation (within last 12 months):
•	Retired High School English Teacher
b.	Business interests in last 12 months:
	See above.
-	Life General SecondaryTeaching Credential (1958) Life General Supervision Credential
Statu	s:
Educ	ational and past occupational background: BA-U.C. Berkeley
	ructor-Sonoma State University MA-S.F. State University
Ch	airman, Dept. of English-Napa High School (25 years+_)
Comi	Ceacher of English-Napa High School & Ridgeview Junior High School munity participation (nature of activity and community location):
	Board Member & President of Napa Valley Mental Health Association
M	lember of the Human Rights Commission—Napa State Hospital
	Board Member-Napa Valley Aids Project

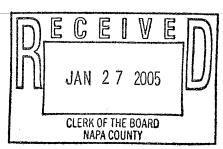
8.	Names, addresses and phone numbers of three individuals familiar with your background:
	Lars Christensen, Principal Napa High School-2475 Jefferson St. 253-3711
	Barbara Corotto, 1066 Vasser Dr. Napa, CA 226-3460
	Riccardo Molinari, 1032 Fast Ave. Napa-226-1727
8.	Name and occupation of spouse within last 12 months, if married: Lora B. Levin-Professional Violinist & Private Violin Teacher
10.	Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute.
	Throughout my many years as an educator of adolescents and young adults, I have witnessed the major need our community has to promote positive outcomes for people of all ages residing in Napa county, who are at risk for, or have mental illness, development disability, or emotional disturbance. If concerned citizens are needed to foster the community's role in providing access to appropriate care, I would be honored to join with others who have the same objective.
11.	If the foregoing information provided does not clearly address the requirements for this district please attach additional data.
	Please indicate which category you would like to be considered for:
	Two (2) Family Member of Consumer
	One (1) Consumer
	** Four (4) Interested and Concerned Citizen
Signa	ature: Hung 15, 2002

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

MENTAL HEALTH BOARD

Return To:

County Executive Office 1195 Third Street, Room 310 Napa, Ca 94559-3082



PLEASE PRINT OR TYPE (Please complete all three pages)

Suna	rvisorial District in which you reside:#/
Supe	
a.	Current occupation (within last 12 months): Teacher (special
o.	Business interests in last 12 months: House remodeling. Com
Curr	ent License (Professional or Occupational); Date of issue and/or expiration
(Predentials: Learning HAndicapped & Severely
	ndjeapped, Art, + Adapted P.E. = Life
Chat	w. Fan hile
SLGL	us: For hite
Educ infor	cation/Experience: A resume may be attached containing this and any ot mation that would be helpful to the Board in evaluating your application
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Educ	cation/Experience: A resume may be attached containing this and any ot mation that would be helpful to the Board in evaluating your application

Other County Boards/Commissions/Committees on which you serve/have served:
∕ Д,
Names, addresses and phone numbers of three individuals familiar with your background:
Gary Simpson (brother) 053.4501
AniTA CATLIN (Friend) 5880432
Bill Blanch Rield (Friend)
Name of spouse and occupation of spouse within last 12 months, if married (for Conflict of Interest purposes):
Linda Simpson Proffeson of Nursing NVC
Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute: Having warled with the mentally
Ill and their families & the grove essues
To be more of the needs of wath the client
I his or her finnily. I would below to bely
-the providers and clients make the best use
of the resources provided by the State + le
<u>Community</u>
Indicate the category of membership for which you are applying.
Family Member of Consumer Consumer

PERSONAL RESUME

Dennis C. Simpson

ADDRESS



Telephone



PERSONAL DATA

Married; two daughters; 45 years old; born in Albany, California

PROFESSIONAL GOAL

Career in Public Sector Education

EDUCATION

B.A., Fine Art; California State University, Hayward, 1969 Graduate Work:

Public Administration, Golden Gate University, 1980-1982 (MPA)

Special Education, University of California, Davis, 1978 (Credentials)

Education, Pacific Union College, Angwin, California, 1975 (Credential)

COMMUNITY PROFESSIONAL ORGANIZATIONS AND APPOINTMENTS

Chairperson: Compensatory Education Advisory Committee

(past), Napa State Hospital.

Chairperson: Napa Adventist Junior Academy.

Napa State Hospital Liaison (past); Associate for the

Mentally Ill.

Chairperson: 1983 Moc Audit team for Compensatory Educational Services at Sonoma State Hospital. Past President: Napa State Hospital's Educator's

Association.

Past Member: Napa Valley Unified School District, Adult

Education Advisory Committee.

EMPLOYMENT EXPERIENCE 1989-Present P.E. Specialist, Vallejo City Unified School

District.

Duties include: Developing and teaching Health and Physical Education to elementary students.

1977-1989

Testing Teacher, Lead Teacher (past); Imola Central School, and Team Teacher; Gateside High

School, Napa State Hospital.

Duties include: Teaching and prescribing curriculum and behavioral objectives for Learning Handicapped students. Other duties have included: developing school budgets; purchasing curriculum and school supplies; allocating resources; developing data reports; planning and conducting staff meetings; program analysis and modification; interviewing; hiring and training new staff; coordination of services between the school and hospital departments.

1977-1989 (cont'd) Liaison: Association for the Mentally Ill.

Duties include: Setting up and arranging monthly meetings. Suggesting and providing agenda items. Negotiations between hospital and patients' family members; investigation of grievances between the AMI family members and the hospital staff; representing Napa State Hospital at National and Statewide meetings of the Association for the Mentally Ill; reporting items of concern between Napa State Hospital and the AMI to the Executive Director, Napa State Hospital.

July 1975- Teacher: Howell Mountain Elementary, Angwin, CA.

Responsible for the educational instruction for a self-contained class of 7th and 8th graders.

Conducted Physical Education for grades Kindergarten through 8th. Developed after-school recreation program for the community.

Reason for leaving: Drop in enrollment.

July 1973- Instructor: Sandia View Academy,

June 1974 Albuquerque, New Mexico.

Conducted Physical Education, Art and Ceramics

classes. Member of the Discipline and Counsel
ing committees. Community Liaison work. Re
sponsible for the after-school extra-curricular

activities.

Reason for leaving: Enter graduate work.

Jan. 1972- Teacher-Assistant Principal; Oak Cliff Junior
June 1973 Academy, Dallas, Texas.
Taught a self-contained classroom consisting of
grades 6th through 8th. Taught Biology to the
9th and 10th grades. Conducted Physical Education and Gymnastic classes for Kindergarten
through 10th grades. Responsible for disciplinary procedures for the school. Developed a
touring gymnastic team.
Reason for leaving: Contract completed.

June 1970- Paramedic: U.S. Army (MAST Operation)

Jan. 1972 507th Air-Medi-Vac, Fort Sam Houston, Texas.

Rendered emergency First Aid service to civilians and military personnel while they were being Medi-Vacced to the hospital.

Discharge: Honorable.

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