



A Tradition of Stewardship  
A Commitment to Service

RECEIVED

JAN 10 2018

NAPA COUNTY  
EXECUTIVE OFFICE

County Executive Office

1195 Third Street, Suite 310  
Napa, CA 94559  
[www.countyofnapa.org](http://www.countyofnapa.org)

Main: (707) 253-4421  
Fax: (707) 253-4176

Minh C. Tran  
County Executive Officer

December 7, 2017

Lynn Light

[Redacted]  
Napa CA 94581  
[Redacted]

Re: Napa County Advisory Board on Alcohol and Drug Programs

Dear Ms. Light:

You have been a valued member of the Napa County Advisory Board on Alcohol and Drug Programs representing Interested Citizen. The term of your position will expire on January 1, 2018. If you wish to request reappointment for another three-year term, please check the following box:

Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa County Advisory Board on Alcohol and Drug Programs for the term commencing immediately and expiring January 1, 2021.

=====

If you have chosen to request reappointment, please check one of the two boxes below regarding your last application.

I confirm that all the information on my last application is current.

Some of the information on my last application is no longer current or is five (5) years old or older. I will submit a new or revised application.

(To complete a new application form either contact the Napa County Executive Office or go to the following link to complete your application online: [Link to Napa County Committees and Commissions page](#)).

After checking the appropriate box, sign and date on the lines below and return this letter to the County Executive Office by mail, email, or fax.

SIGNATURE

1-8-18  
DATE



A Tradition of Stewardship  
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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

MAR 28 2014 eAFA

COUNTY OF NAPA  
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.

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

Advisory Board on Alcohol and Drug Programs

\*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:

5

\*Full Name:

Lynn Light

\*Date:

3/28/2014

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

Marketing Communications/Video Producer

\*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.)

Cal State Hayward - Bachelors

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

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

Alano Center of Napa Valley - Board of Directors  
IHSS Advisory Committee

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

Advisory Board on Alcohol and Drug Programs

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

\*Name:

Denise Gale

\*Address:

[Redacted Address]

\*City:

Napa

\*State:

CA

\*Zip Code:

94558

\*Telephone:

[Redacted Telephone]

\*Name:

Catherine Shackford

\*Address:

[Redacted Address]

\*City:

Napa

\*State:

CA

\*Zip Code:

94558

\*Telephone:

[Redacted Telephone]

\*Name:

Bill Jovich

\*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):

Clayton Light, video producer/motion graphics editor

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

To better interface and exchange ideas between the Alano Center Board of Directors for the Recovery Community and Napa County Programs.

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

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, 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:

Lynn Light

\*email Address:

[Redacted]

\*Home Address:

[Redacted]

\*Work Address:

[Redacted]

\*City:

Napa

\*State:

CA

\*Zip Code:

94558

\*City:

Napa

\*State:

CA

\*Zip Code:

94581

\*Telephone:

[Redacted]

\*Telephone:

[Redacted]