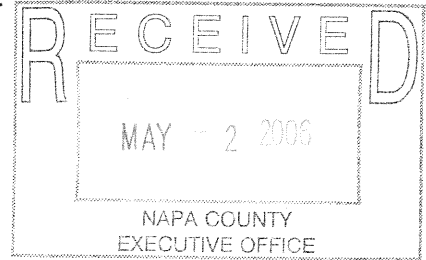


**AREA IV DEVELOPMENTAL DISABILITIES BOARD**

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



**PLEASE PRINT OR TYPE (Please complete all three pages)**

1. Full name: BLAINE J CHERRINGTON

2. Supervisorial District in which you reside: \_\_\_\_\_

3. a. Current occupation (within last 12 months): \_\_\_\_\_

NAPA VALLEY SUPPORT - SERVICES

b. Business interests in last 12 months: \_\_\_\_\_

4. Current License (Professional or Occupational); Date of issue and/or expiration:  
\_\_\_\_\_  
\_\_\_\_\_

Status: \_\_\_\_\_

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

HIGH SCHOOL DIPLOMA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Community participation (nature of activity and community location):  
CERT -  
\_\_\_\_\_

7. Other County Boards/Commissions/Committees on which you serve/have served:

\_\_\_\_\_

8. Names, addresses and phone numbers of three individuals familiar with your background:

JAMES CHERINGTON -

CHARLES BURNS

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

\_\_\_\_\_

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

HAVE WORKED - WITH - PEOPLE  
WHO HAVE DISABILITIES

11. Indicate the category of membership for which you are applying.

Representing a Developmentally Disabled Person or Parent or Guardian

Representing the General Public

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

Signature: Blaine J. Cherrington Date: 4-15-06  
All applications will be kept on file for one year from the date of application

**PERSONAL INFORMATION**

Full Name: Blaine J. Cherrington

Home Address

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Office Address

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

JUN 20 2006

June 17 - 2006

Pamela Miller Clerk of Board  
of Supervisors, Napa Calif

I am writing to change my  
appointment to the Area 4 Developmental  
Disabilities Board to the Category  
of General public.

BLAINE CHERRINGTON  
Blaine Cherrington