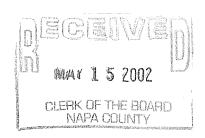
## Application for Hearing Panel for Solid Waste Issues

2. Kathleen Harrison

3.



- 4. a. Current Occupation: Homemaker.
  - b. Business Interests: None
- 5. Current License: Registered Dietician

Status: Current

- 6. Educational and Past Occupational Background:
  - a. B.Sc., Dietetics and Institutional Management.
  - b. Dietetic Internship.
  - c. Practice of Dietetics for 36 years.
  - d. Public Relations -- McDonalds
  - e. Tour Guide -- Oklahoma State Capitol
- 7. Community Participation:
  - a. Member -- Solid Waste Task Force of Napa County
  - b. Chair -- Solid Waste Task Force of Napa County
  - c. Member/Chair -- NCRIMS
  - d. Member -- Napa County Commission of the Status of Women
  - e. Member/President -- Napa County League of Women Voters
  - f. Member -- American Association of University Women (AAUW)
  - g. Member/Delegate -- Soroptimists International Napa Sunrise
  - h. Precinct Worker -- Napa, Signal Hill (Ca.) and Oklahoma City (Ok.)
  - i. Volleyball Coach -- St. John the Baptist School
  - j. Board Member/Secretary -- Springwood Homeowner's Association

8.	Names	and	addresses:
ο.	rames	anu	aum coocs.

Linda Hansen

Jill Pahl

Environmental Health Dept.

Joe Gallo Ph.D

9. Spouse:

John J Harrison, Construction Project Manager.

- 10. Having just returned to the Napa, I wish to continue to contribute to Napa Valley using my knowledge obtained through my prior experience.
- I wish to be considered for the "Public at Large" position 11.

Signature: <u>Ra Shletan A Harrison</u> Date: <u>copg</u>

Opril 22, 2002



County Executive Office 1195 Third Street, Room 310 Napa, CA 94559-3082 (707) 253-4421 FAX (707) 253-4176

eAFA

## 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)						
Independent Hearing Panel of Solid Waste Issues						
*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.) Technical Expert	*Supervisorial District in which you reside:					
*Full Name	Date					
Robert Allen Swift	11/3/2006					
*Current Occupation (within the last twelve (12) months):  Senior Environmental Health Specialist with the County of Sonoma Department of Health Services, Environmental Health Division, Solid Waste Local Enforcement Agency						
Current License (Professional or Occupational); Date of issue and/or expiration including status:  CA Department of Health Services: Registered Environmental Health Specialist (exp. 12/31/07)  Solid Waste Association of North America: Certified Landfill Technical Associate and Certified Transfer Station  Technical Associate						
Education/Experience: (A resume may be attached containing this and any of	ther information that would be helpful to the Board in evaluating your application.)					
Master of Science in Environmental Management: Universelved Senior Environmental Health Specialist for the Sonoma Program. Responsible for assuring that the inspection, in the county are conducted in accordance with all applies	County Solid Waste Local Enforcement Agency permitting and enforcement of all solid waste facilities					

Community participation (nature of activity and community location):

Public Health international - Ecuador (Salud Para el Pueblo). Volunteer with a non-profit, non-governmental agency in rural Ecuador in the promotion of environmental health and sanitation programs (water supply systems, sewage disposal systems, solid waste collection and disposal systems, vector control and education. (2001 - present).

solid waste facilities and operations include landfills, transfer stations, compost facilities, recycling centers, solid waste hauling vehicles, and closed, illegal and abandoned sites. Application of engineering and managerial control techniques to identify, evaluate and eliminate or reduce the risks involving solid wastes.

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

AB 939 Local Task Force (LTF) member. The LTF acts as the solid waste advisory committee to the County Waste Management Agency and Board of Supervisors providing advice and assistance in the preparation and ongoing development of solid waste management programs in the county.

Application for Appointment to: (Name of Board, Commi	ission, Committee or Task Force)
Independent Hearing Panel of Solid Waste Issues	
Names, addresses and phone numbers of three (3) individe	·
*Name Greg Pirie	*Name Ken Wells
*Address	*Address
Exercise to the members of the section of the secti	
*City *State *Zip Code	*City *State *Zip Code
	, l
*Telephone	*Telephone
- 1	Processor
*Name	
Sue O'Leary	
*Address	
_	
*City *State *Zip Code	
9	
*Telephone	
relephone	
Name and the second	
Name and occupation of spouse within the last 12 months	, if married (for Conflict of Interest purposes):
Beverly Swift - Substitute Teacher	
*Please explain your reasons for wishing to serve and, in y	your opinion, how you feel you could contribute:
Solid Waste Issues at the request of my friend and co Agency (LEA) representative for Napa County. I have years. I feel that my understanding of the technical a	he Technical Expert on the Independent Hearing Panel for olleague Mr. Greg Pirie, the Solid Waste Local Enforcement is served as the LEA for Sonoma County for the past 14 aspects for the proper handling of solid wastes and my nts, would allow me to contribute to the protection of the unty.

ATTEIOATIONT OR AFFOIN	I MITIAL I	O BOARDS, CC	DIVINITIES, ON	TASK FORCE Fage 2
Application for Appointment to	· (Name	of Roard Comr	mission, Committee or Task Ford	مما
Independent Hearing Panel		·	mission, Committee or Task Port	
			ERVISORS WILL BE REQUIRED	TO TAKE AN OATH OF OFFICE.
PLEASE NOTE THAT APPOI CODE TO FILE FINANCIAL D			RED BY STATE LAW AND COUN NTS.	TY CONFLICT OF INTEREST
All applications will be kept	on file fo	r one year from	the date of application	
		<u>PERSO</u>	NAL INFORMATION	
but may be used by the Boal	rd of Sup	ervisors when i	to the extent that it will not be p making the appointment, or be u ppointment for purposes of com	ised by the
Full Name			*e-mail Address	
Robert Allen Swift			guinimum.	
*Home Address			*Work Address	
*City	State	*Zip Code	*City	State Zip Code
		Zip Code	processing the same state of t	Otate Zip Oode
*Telephone			Telephone	
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Please Read!			. •	
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