

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

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

FEB 17 2005

APPLICATION

1. Application for: Tobacco Advisory Board
2. Full name: CAROLE D. McCLAIN  
(As you would like it to appear on the Board of Supervisors' Agenda)
3. Office address: \_\_\_\_\_ telephone: \_\_\_\_\_  
\_\_\_\_\_  
Home address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_
4. a. Current occupation (within last 12 months): \_\_\_\_\_  
DISABILITY NAVIGATOR  
b. Business interests in last 12 months: YOUTH SERVICES  
SERVICES FOR PERSONS WITH DISABILITIES
5. Current License (Professional or Occupational); Date of  
issue and/or expiration: \_\_\_\_\_  
\_\_\_\_\_  
Status: \_\_\_\_\_  
\_\_\_\_\_
6. Educational and past occupational background: DIRECTOR: WORKABILITY;  
COORDINATOR - SPECIAL EDUCATION - NVUSD
7. Community participation (nature of activity and community location): Router -  
Youth Networks - MEMBER - YOUTH COUNCIL - WTB BMR  
MEMBER - BOARD / COMMUNITY COUNSELING CENTER

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

DR ROBERT LASEY -

KASEY GREEN - CANV -

JUDY GREER - NVUSD -

9. Name and occupation of spouse within last 12 months, if married: \_\_\_\_\_

DON MCCLAIN - RETIRED

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

I hope to help with youth focused programs  
& support curriculum / accessibility + accommodation  
needs for people with disabilities in classes  
& programs sponsored by TAB

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) Representatives from an agency concerned with Tobacco related diseases
- ☐ One Representative from an agency concerned with substance abuse
- ☐ One (1) Educational Institution representative
- ☐ One (1) Health Care Organization representative
- ☒ One (1) Member at Large

Signature: \_\_\_\_\_

Carol McClain

Date: \_\_\_\_\_

2/4/05

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