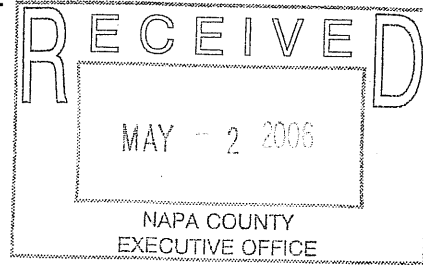


AREA IV DEVELOPMENTAL DISABILITIES BOARD

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:

[REDACTED]

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 CHEERINGTON - [REDACTED]

CHRIS BURNS [REDACTED] - [REDACTED]

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: [REDACTED]
City/State: [REDACTED]
Zip: [REDACTED]
Telephone: [REDACTED]

Office Address

Company Name: _____
Street: _____
City/State: _____
Zip: _____
Telephone: _____