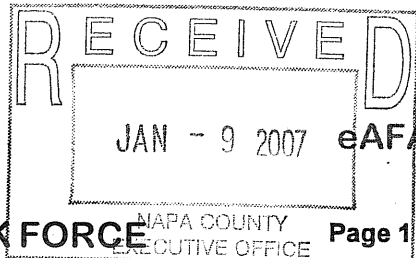




County Executive Office
1195 Third Street, Room 310
Napa, CA 94559-3082
(707) 253-4421 FAX (707) 253-4176



**APPLICATION FOR APPOINTMENT TO
BOARD, COMMISSION, COMMITTEE OR TASK FORCE**

Page 1 of 3

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

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

Napa County Mental Health Board

*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.)

Concerned Citizen

*Supervisory District in which you reside:

Wagenknecht

*Full Name

Richard J. Cabral Jr.

Date

01-09-07

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

Self Employed Massage therapist
Per Diem - Queen of the Valley Hospital - Diener

Current License (Professional or Occupational); Date of issue and/or expiration including status:

City of Napa (Business License) massage therapist.

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

- Grad. Vintage High 1978
- 4yrs Napa Valley College - Science - RN program (left 3mos. before graduating)
- Convalescent Hospitals (Nurse Assist - 1976-1980)
- QVH 1981-1987 Nursing Dept.
- 1988-1994 Forensic Pathology - San Mateo Coroners Office (Deputy Coroner)

Community participation (nature of activity and community location):

Working with elderly - Sometimes just conversations / Sometimes helping them with tasks.
- For years I have stayed with children (teens) while parents were traveling.
- Spent Hundreds of hours talking with youth from broken homes.
- Sponsor men getting clean & sober - Including aftercare

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

Application for Appointment to: **(Name of Board, Commission, Committee or Task Force)**Napa County Mental Health Board

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

*Name

Beryl Neilson

*Address

*City

*State *Zip Code

*Telephone

*Name

Dr. Michael Bethard

*Address

*City

*State *Zip Code

*Telephone

*Name

Ann Ellis RN, BSN

*Address

*City

*State *Zip Code

*Telephone

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

None

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

The more I deal with the public, I realize how important mental health programs are. I saw plenty while a nurse at QUH. However, my experience as a Coroner really brought me close to the reality of the situation.

I have a few friends on the Board & I wish to participate in this county's system.

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

Napa County Mental Health Board

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 to the extent that it will not be posted on the Internet, 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

Richard J. Cabral Jr.

*e-mail Address

*Home Address

*Work Address

*City

State

*Zip Code

*City

State

Zip Code

*Telephone

Telephone

Please Read!