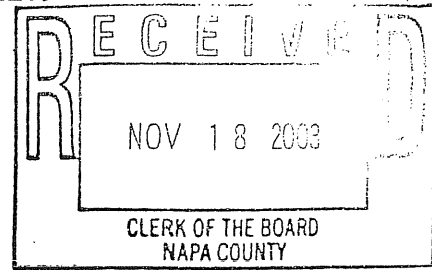


**ALCOHOL AND DRUG ADVISORY BOARD**

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



**PLEASE PRINT OR TYPE**

1. Full name: Susan E. Bohrer-Todd  
(As you would like it to appear on the Board of Supervisors' Agenda)
2. Office address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Home address: [REDACTED]  
\_\_\_\_\_  
Telephone: [REDACTED]
3. Supervisorial District in which you reside: \_\_\_\_\_
4. a. Current occupation (within last 12 months): Dietetics, Food Service Tech  
Napa State Hospital
- b. Business interests in last 12 months: \_\_\_\_\_  
\_\_\_\_\_
5. Current License (Professional or Occupational); Date of issue and/or expiration:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Three associate of arts degrees at Napa Valley College  
Certificate in Alcohol and Drug Abuse studies  
at UC Berkeley extension (see attached)

7. Community participation (nature of activity and community location):

Alamo - Alamo club, Jordan lane Wpa  
Family support group

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

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

David Carl [REDACTED]  
Beth Bently [REDACTED]  
Tiffany Douce [REDACTED]

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

N.A.

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

I feel I am qualified to serve on the Advisory Board on Alcohol and Drug programs because of a lifelong interest in substance abuse issues due to an intergenerational problem of chemical dependency within my family as well as friends and acquaintances. In addition, my recent education in Drug and Alcohol Studies as well as recently two years recovery makes me an ideal candidate for the interested citizen member as well as student.

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Interested Citizen | <input type="checkbox"/> Business Community        |
| <input type="checkbox"/> Alcohol Industry              | <input type="checkbox"/> Law Enforcement           |
| <input type="checkbox"/> Napa County Probation         | <input checked="" type="checkbox"/> Student Member |

Signature: *Susan Bohrer Todd* Date: *Nov 18, 2003*  
All applications will be kept on file for one year from the date of application

# University of California, Berkeley

U N I V E R S I T Y E X T E N S I O N

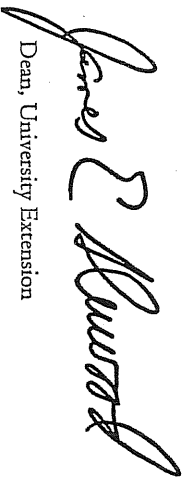
*This is to certify that*

Susan E. Bohrer-Todd

*has successfully completed the*

Certificate in Alcohol and Drug Abuse Studies

*consisting of 19 semester units of evaluated learning*

  
Dean, University Extension



February 22, 2003

Upon recommendation of the Faculty of  
**Napa Valley College**

Napa, California

and under authorization granted by the  
Board of Governors of the California Community Colleges  
the degree of

**Associate of Arts**

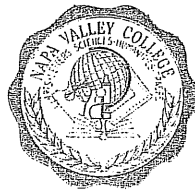
Humanities and Fine Arts

is hereby conferred upon

**Susan Bohrer-Todd**

with all Rights, Benefits and Privileges appertaining thereto in token of  
the satisfactory completion of a two-year curriculum

Given this twentieth day of December, nineteen hundred and ninety-six.



*Myra Alvarado*  
President, Board of Trustees

*Stane E. Carey*  
President

Honors at Graduation

Upon recommendation of the Faculty of  
**Napa Valley College**

Napa, California

and under authorization granted by the  
Board of Governors of the California Community Colleges  
the degree of

**Associate of Arts**

Social and Behavioral Sciences

is hereby conferred upon

**Susan Bohrer-Todd**