

NAPA COUNTY  
ADVISORY BOARD ON ALCOHOL AND DRUG PROGRAMS

APPLICATION FOR MEMBERSHIP

RECEIVED  
NOV 21 2000  
CLERK OF THE BOARD  
NAPA COUNTY

RETURN TO: Clerk of the Board, Napa County Board of Supervisors  
1195 Third Street, Room 310; Napa, California 94559

The Advisory Board on Alcohol and Drug Programs currently has a membership vacancy for:

- Interested Citizen
- Recovering Community Representative
- Student Representative
- Education Representative
- Law Enforcement Representative
- Business Community Representative
- Probation Representative
- Alcohol Industry Representative

If additional space is needed to provide requested information, please attach additional sheets.

Position for which you are applying (see vacancy list above):	
Full Name: <i>Joyce Wallace</i>	
Business Address: <i>[REDACTED]</i>	Business Telephone: <i>[REDACTED]</i>
Home Address: <i>[REDACTED]</i>	Home Telephone: <i>[REDACTED]</i>
Please indicate where you prefer mail to be sent:	
<input type="checkbox"/> Business	<input checked="" type="checkbox"/> Home
Current occupation (within last 12 months):	
<i>RN-Assist Prof Pacific Union College</i>	
Business interests (in last 12 months):	
Current license (Professional or Occupational), status of license, and date of issue and/or expiration:	
<i>RN-Cd #174273 expires 8/31/2002</i>	
Educational and past occupational background:	
<i>BS Walla Walla College 1963</i>	
<i>MSN Univ of San Francisco 1990</i>	
Community participation (nature of activity and community location):	
<i>Currently on Napa County ABAD</i>	

Applied by 1503 01/01  
Team Exp. 1/31/04

Please provide the name, address and telephone number of three personal references familiar with your background:

Chair, Dept of Nursing  
1. Julia Pearce PhD

2. Nancy Tucker PhD  
Asst Chair, Dept of Nursing

3. Maria Pena  
Manager, ED

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

I have served on this board for 3 years I bring a knowledge of Health care concerns for Drug & Alcohol treatment. I also represent an up valley consideration.

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

Signature:

Joyce Wallace

Date: 11/17/00

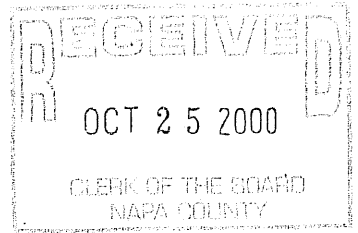
### Napa County Advisory Board on Alcohol and Drug Programs Membership Requirements

The following are specific membership requirements as set forth in the Napa County Advisory Board on Alcohol and Drug Programs By-Laws (Article IV-Membership). There shall be a minimum of **thirteen** (13) members and a maximum of **sixteen** (16) members appointed by the County Board of Supervisors. The member composition shall be as follows (whenever possible, ethnic and geographic representation of the current population of Napa County is sought):

- One representative of a law enforcement agency within the County
- One representative of the Napa County Probation Department
- One representative of an educational institution within the County
- One voting student representative
- One representative of the business community
- One representative of the alcohol industry
- Two representatives of the recovering community each with two years of being clean and sober and who have been participants in Health and Human Services Agency programs.
- Five to eight additional interested citizens who show professional interests in, or personal commitment to alleviating problems related to alcoholism or alcohol or drug abuse in the community.

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

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1195 Third Street, Room 310  
Napa, Ca 94559-3082



RESUME

1. Application for: Advisory Board on Drug and Alcohol Programs

2. Full name: Joyce Wallace

3. Office address: Pacific Union College Telephone: [REDACTED]  
[REDACTED]

Home address: [REDACTED] Telephone: [REDACTED]  
[REDACTED]

4. a. Current occupation (within last 12 months): RN -  
Teach @ Pacific Union College Nursing Dept

b. Business interests in last 12 months: None

5. Current License (Professional or Occupational); Date of issue and/or expiration: RN 174273 Expires Aug 98

Status: Active - Practicing currently

6. Educational and past occupational background: B.S. in Nursing  
MSN from USF in 1990 - multiple & varied  
workshops & continuing education - RN since  
1963 - varied settings

7. Community participation (nature of activity and community location): Volunteer on crisis line many years ago
- 
8. Names, address and phone numbers of three individuals familiar with your background:
- Julia Pearce [REDACTED]
- Betty Cornish [REDACTED]
- Maria Pena [REDACTED]
9. Name and occupation of spouse within last 12 months, if married: Not married
10. Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute. I have a long background as a nurse and have observed how vital substance abuse treatment is. I teach in the mental health area, which includes substance abuse & am committed to treatment options
11. The following are specific requirements relating to the vacancy(s) on the . If the foregoing information provided does not clearly address these requirements, please attach additional information.
- 1 - Interested Citizen  
I have lived & worked in Napa County since 1978.
12. Signature: Joyce Wallace Date: 8/18/97

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