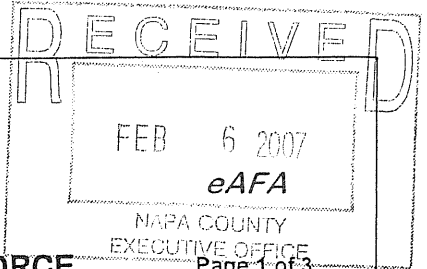




County Executive Office  
1195 Third Street, Room 310  
Napa, CA 94559-3082  
(707) 253-4421 FAX (707) 253-4176



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

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

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

ADVISORY BOARD ON ALCOHOL AND DRUG PROGRAMS

\*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.)

(2) INTERESTED CITIZEN (3) INTERESTED CITIZEN

\*Supervisorial District in which you reside:

NAPA COUNTY

\*Full Name

STAUWA RENEE ALLEN

Date

FEB 6, 07

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

I currently have two jobs. Customer service at Meruyns, Also I Am A catering managing CHEF, for a company in Calistoga

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

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

I have no experience in this field. But I would like to have the chance to possibly change my career, from cooking, to helping individuals. I have been having the desire to change my occupation. I know this is a very different job, But I would like the chance to help people understand - see differently maybe make a difference.

Community participation (nature of activity and community location):

ACTIVE IN MY CHURCH, WITH SMALL groups, COUNSELING, FOOD DRIVES CLOTHES DRIVES, Helping of the Elderly people - TRY to help make a difference.

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

\* Denotes Mandatory Entry Required

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

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

ADVISORY BOARD ON ALCOHOL AND DRUG PROGRAMS

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

\*Name

Scott Scherer

\*Address

\*City

\*State \*Zip Code

\*Telephone

\*Name

JOANNE ROMANF

\*Address

\*City

\*State \*Zip Code

\*Telephone

\*Name

Stephanie Steeling

\*Address

\*City

\*State \*Zip Code

\*Telephone

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

- Single -

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

I really have no experience in this line of work. I have been having the desire to change my occupation. I have cooked for over 15 yrs. I can manage a full operating kitchen, employees, all aspects of a restaurant. But, lately I have been needing a change, something to help people. I'm active in my church, but I'm wanting, looking for more. I would really enjoy the opportunity, to possibly make a difference in someones life. Sometimes - people just really need - want someone to listen to them. The ones that think they dont need help - sometimes - those are the ones who really want someone to listen to them. I would like to help & learn & maybe show someone, - someone does care.

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

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

ADVISORY BOARD ON ALCOHOL AND DRUG PROGRAMS

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

SHAUNA RENEE ALLEN

\*e-mail Address

[Redacted]

\*Home Address

[Redacted]

\*Work Address

[Redacted]

\*City

State

\*Zip Code

[Redacted]

[Redacted]

\*City

State

Zip Code

[Redacted]

[Redacted]

\*Telephone

[Redacted]

[Redacted]

Telephone

[Redacted]

\* Supervisor - Joanne Romani