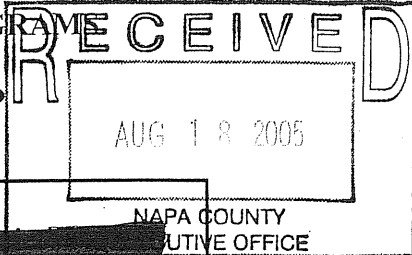


NAPA COUNTY
 ADVISORY BOARD ON ALCOHOL AND DRUG PROGRAMS

APPLICATION FOR MEMBERSHIP



RETURN TO: Mary-Jean McLaughlin
 [Redacted]
 Napa, California 94559
1195 Third St., Room 310

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: <u>KEVIN SCOT GROOM</u> | |
| Business Address: <u>WILSON DANIELS, LTD.</u> [Redacted] | Business Telephone: [Redacted] |
| Home Address: [Redacted] | Home Telephone: [Redacted] |
| Please indicate where you prefer mail to be sent: | <input type="checkbox"/> Business <input checked="" type="checkbox"/> Home |
| Current occupation (within last 12 months): <u>IMPORT WINE PURCHASING AGENT / GOV'T COMPLIANCE SPECIALIST</u> | |
| Business interests (in last 12 months): | |
| Current license (Professional or Occupational), status of license, and date of issue and/or expiration: | |
| Educational and past occupational background: | |
| Community participation (nature of activity and community location): <u>ST. HELENA PARTNERSHIP ON YOUTH SUBSTANCE ABUSE - ST. HELENA, CA</u> <u>CONSULTANT TO ANGWIN TEEN CENTER - ANGWIN, CA</u> | |

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

1. ELSWORTH HOEFT - [REDACTED]

2. BLANCHE PORTER - [REDACTED]

3. JEAN FAULKNER - [REDACTED]

Please explain your reasons for wishing to serve on this Board, and, in your opinion, how you feel you could contribute. HAVING HAD PERSONAL EXPERIENCE WITH ALCOHOL/SUBSTANCE ABUSE - HAVING A SON WITH SIMILAR RECENT EXPERIENCES AND A SINCERE INTEREST IN GIVING MY TIME AND SHARING MY EXPERTISE IN THE AREA OF RECOVERY AND PREVENTION - LEADS ME TO A DESIRE TO HAVE A ROLE IN ASSISTING OTHERS BY BEING PART OF THIS ADVISORY COMMITTEE AS A CITIZEN AT LARGE

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

Signature: [Handwritten Signature]

Date: 8/17/2005

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.