



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

eAFA

## 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)

Napa County Child Care Planning Council

\*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.)*

Consumer

\*Supervisory District in which you reside:

Napa County

\*Full Name

Sara Shannon Featherstone

Date

2007-05-07 20:25:1

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

Pre-school teacher

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 am a mother of 2 children, Quinn age 8 and Ava Rain age 3 who are both attend childcare in Napa. I hold a Bachelors of Arts degree from SFSU in Cultural Anthropology with emphasis in World Music and Dance. I passed the CBEST in 2000 and was cleared to as a substitute teacher in Napa County, but with a young child of my own, decided pre-school aged children were my passion. I have been teaching pre-kindergarten for the past 5 years at Children's Cottage. I also recently completed a fifteen month Infant-Parent Mental Health Certificate Program in conjunction with Harvard Medical School, Child Development Unit Children's Hospital Boston, Napa Health and Human Services, The Parenting Project and First 5. I have been a member of the Napa Child Care Planning Council for the past year.

Community participation (nature of activity and community location):

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

I have been serving on the Napa County Child Care Planning Council from March 2006 to present.

MAY 1 2007

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

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

\*Name

Mary Welch

\*Name

Ruann Dizmang

\*Address

\*Address

\*City

\*State \*Zip Code

\*City

\*State \*Zip Code

\*Telephone

\*Telephone

\*Name

Ray Welch

\*Address

\*City

\*State \*Zip Code

\*Telephone

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

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

There is nothing more important in a community than it's children. Children have a sense of awe and wonder; an innate feeling of optimism that is contagious. It is this optimistic feeling that has brought me here, to the Napa Child Care Planning Council. I can contribute passion and experience about issues related to early childhood education. By continuing to serve on the council, I bring a unique perspective, not only as a parent, but a teacher and an individual who can advocate for improvements. By thinking and making changes locally, hopefully Napa county can serve as a model for other counties striving towards progress in how best to care for children.

NOV 1 1999

FAMILY OFFICE

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

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

Sara Shannon Featherstone

\*e-mail Address

\*Home Address

\*Work Address

\*City

State

\*Zip Code

\*City

State

Zip Code

\*Telephone

Telephone

**Please Read!**

Thank you for your Consideration,  
*S. Featherstone*