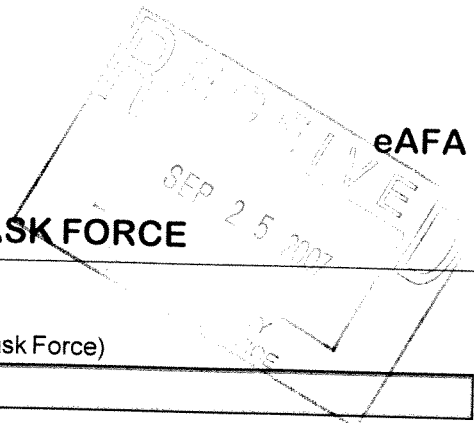




County Executive Office
 1195 Third Street, Room 310
 Napa, CA 94559-3082
 (707) 253-4421 FAX (707) 253-4176



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 Commission on Aging

*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.)

Organizations Concerned w/ Older Adults

*Supervisorial District in which you reside:

District 5

*Full Name

Mark Perkins

Date

9/25/2007

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

Social Worker

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

Licensed Clinical Social Worker (LCSW) - Active - Renewal Date: 6/30/2009

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

Masters Degree in Social Work (MSW) - California State University Fresno - 1980
Medical Social Worker - Queen of the Valley Hospital - 1980-1987
Social Services Manager - Hospice of Napa Valley - 1987-present

Community participation (nature of activity and community location):

Napa Valley Genealogical Society
San Francisco Scottish Fiddlers (Greater Bay Area)

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

None

* Denotes Mandatory Entry Required

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

Napa County Commission on Aging

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

*Name

Pam Byrne

*Address

[REDACTED]

*City

[REDACTED]

*State

[REDACTED]

*Zip Code

[REDACTED]

*Telephone

[REDACTED]

*Name

Jane Matijasic

*Address

[REDACTED]

*City

[REDACTED]

*State

[REDACTED]

*Zip Code

[REDACTED]

*Telephone

[REDACTED]

*Name

Bill Allen - Allen & Shea and Associates

*Address

[REDACTED]

*City

[REDACTED]

*State

[REDACTED]

*Zip Code

[REDACTED]

*Telephone

[REDACTED]

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

Sally Perkins - Teacher (Donaldson Way Elementary School) & Psychotherapist (private practice)

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

As part of the the baby boom generation and a social worker specializing in issues of aging, I would like to be part of our community's solution for meeting the needs of our growing senior population. I have participated on numerous committees and service projects related to issues of aging for the past 25 years. The Commission seems to be well-positioned as a catalyst for future change.

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

Napa County Commission on Aging

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

Mark Perkins

*e-mail Address

[Redacted]

*Home Address

[Redacted]

*Work Address

[Redacted]

*City

[Redacted]

State

CA

*Zip Code

94901

*City

[Redacted]

State

CA

Zip Code

94901

*Telephone

[Redacted]

Telephone

[Redacted]

Please Read!