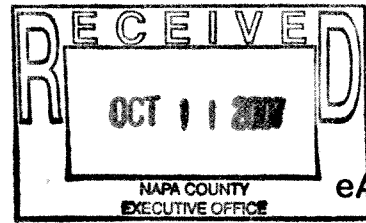




County Executive Office
 1195 Third Street, Room 310
 Napa, CA 94559-3082
 (707) 253-4421 FAX (707) 253-4176



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)

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.)

Organization Concerned with Older Adults

*Supervisorial District in which you reside:

District One

*Full Name

Kristi Lesnewich

Date

10/11/2007

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

Staff Attorney, Senior's Program, Legal Aid of Napa Valley

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

The State Bar of California. Issued December, 2001.

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

Please see attached resume.

Community participation (nature of activity and community location):

Latino Elder Coalition, Napa Valley, work with and educate Latino elders.
 Healthy Aging Population Initiative (HAPI), senior mobility, fall prevention, caregiver education.
 Napa County Elder Abuse Prevention Council

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

[Empty box for other county board/committee information]

* Denotes Mandatory Entry Required

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

Commission on Aging

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

*Name

Diana Dorame, Attorney at Law

*Address

[Redacted]

*City

[Redacted]

*State

[Redacted]

*Zip Code

[Redacted]

*Telephone

[Redacted]

*Name

Susan Schwegman, Attorney at Law

*Address

[Redacted]

*City

[Redacted]

*State

[Redacted]

*Zip Code

[Redacted]

*Telephone

[Redacted]

*Name

Naomi Dreskin Anderson, Attorney at Law

*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):

[Redacted]

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

The elderly have been held close to my heart since I was a child. After twenty years in the medical field, it was this love for seniors that propelled me into law and immediately upon graduation from law school I started working with the elderly and have done so since.

Although I thoroughly enjoy providing direct service to each of my senior clients, my reason for wanting to serve on the Commission is so I am able to serve more of our seniors in the Napa Valley. My goal is to ensure that our seniors are not forgotten when our elected officials and others in government, local and otherwise, make policy decisions and laws.

I view myself as a strong advocate for seniors and believe that my work, thus far in this community, has given me an awareness of needs that must be met so that our seniors have an improved quality of life. I believe my experience working on other coalitions and committees has also given me knowledge that will allow me to bring new ideas to the Commission.

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

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

Kristi Lesnewich

*e-mail Address

[Redacted]

*Home Address

[Redacted]

*Work Address

[Redacted]

.ORG

*City

[Redacted]

State

[Redacted]

*Zip Code

[Redacted]

*City

[Redacted]

State

[Redacted]

Zip Code

[Redacted]

*Telephone

[Redacted]

Telephone

[Redacted]

Please Read!