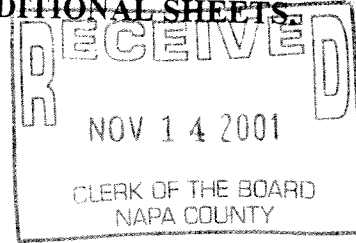




IF ADDITIONAL SPACE IS NEEDED TO PROVIDE REQUESTED INFORMATION, PLEASE ATTACH ADDITIONAL SHEETS.



Return To: Clerk of the Board of Supervisors  
1195 Third Street, Room 310  
Napa, Ca 94559-3082

APPLICATION

1. Application for: Napa County Commission on Aging
2. Full name: DR. KENNETH P. LEE, OPTOMETRIST  
(As you would like it to appear on the Board of Supervisors' Agenda)
3. Office address: [REDACTED] Telephone: [REDACTED]  
[REDACTED]
- Home address: [REDACTED] Telephone: [REDACTED]  
[REDACTED]
4. a. Current occupation (within last 12 months): CLINICAL OPTOMETRY
- b. Business interests in last 12 months: CLINICAL OPTOMETRIST PRACTICE  
AND SCIENTIFIC RESEARCHER
5. Current License (Professional or Occupational); Date of issue and/or expiration:  
REGISTERED OPTOMETRIST, BI ANNUAL RENEWAL  
VALID UNTIL MARCH 31, 2002  
Status: ACTIVE
6. Educational and past occupational background: B.S., O.D. UNIVERSITY OF  
CALIFORNIA, SCHOOL OF OPTOMETRY, BERKELEY, CA.  
FELLOW OF AMERICAN ACADEMY OF OPTOMETRY

7. Community participation (nature of activity and community location): \_\_\_\_\_

VOLUNTEER OF SALVATION ARMY, NAPA CORP.  
BOARD OF DIRECTOR, TREASURER OF THE AREA AGENCY ON AGING, SERVING  
NAPA AND SOLANO COUNTIES. ASSISTING THE PROCUREMENT AND MANAGEMENT  
OF PROGRAMS SERVING THE SENIORS.

8. Names, address and phone numbers of three individuals familiar with your background:

DR. OLIVE JACK, [REDACTED]

DR. HOUGHTON GIFFORD, [REDACTED]

MR. VINCENT FERRIOLE, [REDACTED]

9. Name and occupation of spouse within last 12 months, if married: \_\_\_\_\_

BLANCHE LEE - RETIRED

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

THERE ARE MANY PROBLEMS OF THE AGING AND ELDERLY NEEDED TO BE  
ADDRESSED WITH COMPASSION, PERSONAL UNDERSTANDINGS, AND WITH

SOCIAL AND CLINICAL INSIGHTS. I HAVE THE EXPERIENCES OF

SERVING IN THE NAPA CITY PLANNING COMMISSION, THE BOARD OF

DIRECTORS OF AREA AGENCY ON AGING AND OTHER ORGANIZATIONS,

TO ENABLE ME TO BE EFFECTIVE ON THE NAPA COUNTY COMMISSION  
ON AGING.

11. The **bolded items** are specific requirements relating to the vacancies on the **Napa County Commission on Aging**. Please specify which category of representation you are applying for.

One (1) Representative from District #1

**One (1) Representative from District #2**

One (1) Representative from District #3

One (1) Representative from District #4

One (1) Representative from District #5

**Three (3) Individuals recommended by Organizations Concerned with Older Adults**

12. Signature: [Signature] Date: 9 Nov 2001

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

Ms. Gladys Coil  
Secretary  
Board of Supervisors  
Napa County

1195 Third Street, Room#310  
Napa, California 94559

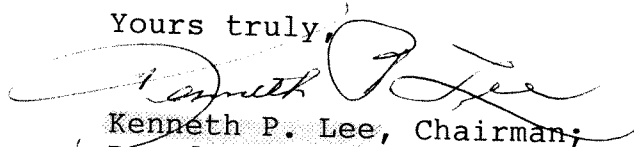
31 August 2007

Dear Ms. Coil,

I am available for another two years term (2007-2008) to the Napa County Commission on Aging representing organization concern with senior issues.

Your attention to the appointment is greatly appreciated.  
Thank you.

Yours truly,



Kenneth P. Lee, Chairman;  
Board of Directors  
Area Agency on Aging  
Serving Napa and Solano Counties  
3629 Beckworth Drive  
Napa, California 94558

