## Coil, Gladys

From: Naomi Dreskin [ndreskin@comcast.net]

**Sent:** Friday, August 31, 2007 10:58 AM

To: Coil, Gladys

Subject: Request for Reappointment to Commission on Aging

Dear Ms. Coil,

I am interested in continuing on the Commission on Aging for another 2 year term.

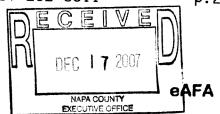
Thank you,

Naomi Dreskin-Anderson

Naomi Dreskin-Anderson Attorney at Law 1001 Second Street, Suite 345 Napa, CA 94559 Phone:(707)252-8900 Fax:(707)252-8911 ndreskin@comcast.net



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



## APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION, COMMITTEE OR TASK FORCE

PLEASE TYPE OR PRINT (Complete pages 1 through 3)	
*/pplication for Appointment to: (Name of Board, Commission, Committee or Task Force)	
Commission on Aging	Immittee or Task Force)
*Full Name  Description of the second of the	Supervisorial District in which you reside:  ate  12/17/2007
Attorney at Law	
Current License (Professional or Occupational); Date of issue and/or expiration including status:	
State Bar of California, June 1999, Member in good standing.	
	· will
Education/Experience: (A resume may be attached containing this and any other information that would be helpful to the Board in evaluation.)	
Empire College School of Law 5/95-5/99 J.D.  Napa Valley Community College, Paralegal Certificate 5/91  Queens College, City University of New York 1972 B.A.	
Elder Law Practice 2002-Present Associate, Saxon Leonard Law Firm 2000-2001 Law Clerk, " " 1996-1999 Faralegal, " " 1992-1995 Executive Director, California Long Term Care Ombudsman Association 1988-1991 Executive Director, Redwoods Ombudsman, Inc. 1988-1987	
Community participation (nature of activity and community location):	
Mapa County Commission on Aging 2002-Present (currently serving as Chairperson) Legal Aid of Napa Valley, Board of Directors 2003-present (currently serving as President) Leadership Napa Valley Class VI Mapa County Long Term Care Ombudsman Advisory Council 1992-1995 (served as Chairperson)	
Other County Board/Commission/Committee on which you serve/have served:	
M/A	
	1

<sup>\*</sup> Denotes Mandatory Entry Required

## APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE Page 2 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 \*Name Holman Esq Michael \*Address \*City State \*Zip Code \*Citv \*State \*Zip Code "Telephone Telephone \*Name \*Address DEC 17 2007 \*State \*Zip Code NAPA COUNTY Telephone Name and occupation of spouse within the last 12 months, if married (for Conflict of Interest purposes): Terry Anderson Software Developer / Paggammer (self-employed) \*Flease explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute: I have served on this Communer for the part 6 years - and 0 am in my 300 term serving as Champers. I would hope to be able to continue as an active Communican - through leaduships and time spent on projects determined of importance to the commenty I have a long history of service to the service Community. I living an understanding of the cause and apperience in helping to respond to those varies

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE Page 3 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 \*e-mail Address Naomi Dreskin-Anderson . . \*Home Address \*Work Address State \*Zip Code State Zip Code \*Telephone Telephone DEC. 17 2007

> NAFA COUNTY EXECUTIVE OFFICE