

Coil, Gladys

From: Naomi Dreskin [ndreskin@comcast.net]
Sent: Wednesday, October 03, 2007 2:39 PM
To: Coil, Gladys
Subject: FW: Commission on Aging

Trying to send this again.

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

From: Naomi Dreskin [mailto:ndreskin@comcast.net]
Sent: Wednesday, October 03, 2007 2:18 PM
To: Gladys Coil
Cc: CCASTELL@co.napa.ca.us
Subject: Commission on Aging

To: Gladys Coil, Clerk to the Board of Suopervisors
Re: Napa County Commission on Aging

Under the Commissions ByLaws:

Section IV – Commissioner Emeritus

The Commission may elect to recommend to the Board of Supervisors that a Commissioner who has completed eight years of service be conferred the status of “Commissioner Emeritus”. Upon approval by the Board of Supervisors, the Commissioner Emeritus shall become a non-voting member of the Napa County Commission on Aging for an indefinite term.

The Napa County Commission on Aging, at its meeting on September 24, 2007, elected to recommend to the Board of Supervisors the appointment Dr. Olive Jack to the newly established status of “Commissioner Emeritus.” Dr. Jack has participated as an active member of the Commission for more than 20 years.

Please let me know if there is anything further that is required in order to present this to the Board of Supervisors at the earliest opportunity.

Thank you.

Naomi Dreskin-Anderson, Chair
Napa County Commission on Aging

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Attorney at Law
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ndreskin@comcast.net

10/3/2007

OLIVE M. JACK, M.D., M.P.H.
3117 RITA COURT
NAPA, CA 94558
(707) 224-8755

October 24, 2007

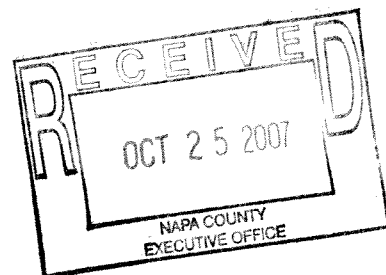
Napa County Board of Supervisors
Gladys Coil - County Clerk
1195 Third Street
Napa CA 94559

Dear Gladys Coil:

I am interested in remaining
on the Napa County Commission on Aging
for another term. The last term ended
9-30-07.

Sincerely

Olive M. Jack, M.D.



DEC 20



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**

Page 1 of 3

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.)

*Supervisory District in which you reside: 1

OLIVE MARGUERITE JACK

*Full Name

1

Date DEC. 21, 2007

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

RETIRED

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

PHYSICIAN AND SURGEON (RETIRED) EXPIRATION 3-31-2009

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

DOCTOR OF MEDICINE TEMPLE UNIV. PHILADELPHIA 1949
MASTER OF PUBLIC HEALTH - UCSF 6-16-70

Community participation (nature of activity and community location):

AREA AGENCY ON AGING - NAPA + SOLANO COUNTIES
SERVICE TO THE ELDERLY

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

CALIF. ASSOCIATION FOR RETARDED - BOARD OF DIRECTORS

* Denotes Mandatory Entry Required

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

Page 2 of 3

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

CHARLES G. MORSE

*Address

[Redacted]

*City

[Redacted]

*State

*Zip Code

[Redacted]

*Telephone

[Redacted]

*Name

BETTY SKIVINGTON

*Address

[Redacted]

*City

[Redacted]

*State

*Zip Code

[Redacted]

*Telephone

[Redacted]

*Name

LEANNE MARTINSON

*Address

[Redacted]

*City

[Redacted]

*State

*Zip Code

[Redacted]

*Telephone

[Redacted]

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

NONE

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

MY PAST EXPERIENCE MAKES ME ANXIOUS TO CONTRIBUTE TO A PROGRAM FOR THE ELDERLY.

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

Page 3 of 3

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

YABA 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

OLIVE M. JACK, M.D. MPH

*e-mail Address

*Home Address

*Work Address

*City

State

*Zip Code

*City

State

Zip Code

*Telephone

Telephone
